Clinical Lectures

DELIVERED AT

THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,

By J. SOELBERG WELLS,

PROFESSOR OF OPHTHALMOLOGY IN KING'S COLLEGE, OPHTHALMIC SURGEON TO KING'S COLLEGE HOSPITAL, AND ASSISTANT-SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL.

LECTURE V.

STRABISMUS.

GENTLEMEN,—As it would be quite impossible to enter fully into the subject of strabismus in the course of one lecture, I have deemed it best to bring before you a few cases which illustrate some of the most important points in the diagnosis and treatment of the common or "concomitant" strabismus; points of which a knowledge is absolutely necessary if you desire to treat this affection with success.

The first patient is J. S——, a boy of twelve years of age, who has had a convergent squint of the right eye since his fourth year. Before proceeding to examine him, I must state that, in the examination of every case of strabismus, special attention must be paid to the following points:—1. Whether the squint is always confined to one and the same eye, when both are open, or whether it alternates. 2. The size of the squint. 3. The relation between the primary and secondary deviation. 4. The movements of the eyes. 5. The sight and state of refraction of the two eyes, and the presence of diplopia. 6. The cause of the affection.

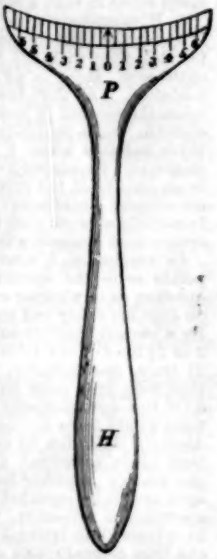
Let us now very briefly ascertain these different points in the case before us.

1. The strabismus is monolateral—i.e., is always confined to the right eye when both are open, and does not show the least tendency to alternate; in which case sometimes the right eye, sometimes the left, would be the squinting one.

2. The size of the squint is 2½ lines; this is easily measured in the following manner:—The patient having been directed to look (both eyes being open) at some object a few feet distant, we note a spot upon the lower lid of the right eye which would correspond to an imaginary line drawn through the centre of the pupil of this (the squinting) eye. The left eye is then closed, and the right directed upon the object; and the spot on the lower lid is again noted, which now corresponds to a vertical line drawn through the centre of the pupil. The distance between the first and second spot gives us the linear size of the squint. At first these spots may be marked with ink upon the lower lid, but a little practice soon enables us to estimate the distance between them with considerable accuracy. This proceeding is illustrated in Fig. 1, in which the left eye is represented as the squinting one: A represents the mark corresponding to the centre of the pupil when the eye is squinting; B, the mark corresponding to the centre of the pupil when the eye is fixed upon the object. The distance between A and B gives the size of the squint. I much prefer, however, to employ Mr. Zachariah Laurence's strabismometer* (Fig. 2), which consists of an ivory plate (P) moulded to the conformation of the lower lid. Its border is graduated in such a manner that while the centre is designated 0, Paris lines and half lines are marked off on each side of 0. If we now apply the plate to the lower eyelid of the squinting eye, the size of the squint can be read off with great ease and accuracy. The size of the squint should not only be ascertained when the patient is regarding a distant object, but also when he is accommodating for near objects; for in hypermetropia it often increases very considerably in the latter case, so that a squint which perhaps only amounts to 2 lines for distance, may increase to 5 lines when the patient regards some near object.

Fig. 1.

Fig. 2.



3. In the common or concomitant squint the primary and secondary deviations are exactly equal. In this patient the primary deviation is that of the right eye, and measures 2½ lines. If the left eye is covered, the right moves outwards to the extent of 2½ lines in order to "fix" the object. This movement is accompanied by an inward deviation (also of 2½ lines) of the left eye, which now becomes the squinting one, and this is termed the secondary deviation. Now, in cases of paralytic strabismus, the secondary deviation (for reasons upon which I cannot enter here) always greatly exceeds the primary, and hence this point is of much diagnostic importance in distinguishing between the concomitant and paralytic strabismus.

4. The movements of the eyes are perfect in all directions.

5. The difference in the sight of the two eyes is very great, for whilst the patient is able to read No. 1 of Jaeger with the left eye, he can only decipher letters of No. 16 with the right; its fixation is, however, central. This impairment of vision is due to the prolonged disuse of the squinting eye and mental suppression of its retinal image, for no structural lesion can be discovered. To avoid this impairment of sight, cases of strabismus should be operated on as early as possible, before the sight is materially deteriorated. A very erroneous and mischievous opinion is still somewhat prevalent in the profession, that the operation should be deferred until the patient is grown up. I am very strongly opposed to the practice of unnecessarily postponing the operation, as I have frequently seen great and permanent impairment of vision, from non-use of the eye, produced even within a few months of the first appearance of the squint; this being especially the case in young children. If it is, however, absolutely necessary to postpone the operation for some length of time, we should direct each eye to be frequently used separately, for we may thus produce an alternating squint, and preserve the sight of both eyes. Hence, in cases of alternating strabismus the sight of both eyes is almost invariably excellent. A good example of this is afforded by the next patient (J. C——, aged fourteen,) who has a well-marked alternating squint of three lines and a half. He generally squints with the left eye, but on closing the right, and causing the left to fix the object, we notice that when the right eye is again uncovered, the left still remains fixed upon the object, the original squint being changed to the right eye. We can thus make each eye alternately the squinting one when both are open, and hence the sight of both is constantly exercised. The benefit of this is well shown in this case, for although the patient has squinted for more than ten years, he can read No. 1 Jaeger fluently with either eye. In the third patient (R. B——, aged ten,) I would call your attention to one point—viz., that the fixation of the squinting eye is excentric, in consequence of which its sight is greatly affected. There is a convergent squint of the right eye of about four lines, which at the first glance appears to resemble the first case; but on closing the left eye, and directing the patient to look at the object with the right, we notice that its fixation is not central, for its optic axis is not directed upon the object, but deviates inwards from it, so that the rays emanating from the object do not fall upon the yellow spot, but upon a portion of the retina internal to it. The sight is consequently much deteriorated, the right

* Dr. Mayer and Dr. Galezowski have constructed binocular strabismometers; they are, however, less simple and more expensive.

eye only deciphering letters of No. 20 with difficulty. The prognosis as to the cure of the squint and as to the improvement of the sight to be effected by the operation is always much worse in such a case than when the fixation is central.

6. Hypermetropia, as was first pointed out by Donders, is by far the most frequent cause of convergent strabismus; for, together with the increase in the convergence of the optic axes, there is an increase in the power of accommodation. At first the squint only occurs periodically, when the patient is looking fixedly at some object near or distant; but it generally soon becomes permanent. All the three patients whom I have presented to you are hypermetropic. Impairment of vision of one eye (due, perhaps, to an opacity of the cornea or lens) is often also a cause of convergent strabismus; but in such cases hypermetropia frequently coexists with the other lesion. Divergent squint occurs most commonly in myopic persons.

In conclusion, I must briefly touch upon a few leading points as to the operative treatment of strabismus. The question as to whether one or both eyes are to be operated on depends solely and entirely upon the size of the squint. By a properly performed tenotomy we are able to cure about 2 or 2½ lines of deviation; hence if the squint measures 2 or 2½ lines, one operation will suffice; whereas, if it exceeds this, both eyes must be operated on. But what are we to do if the deviation only measures 1¼ line, so that the tenotomy would have too considerable effect? We must then diminish the latter by applying a conjunctival suture, and thus again somewhat approximating the divided ends of the tendon. Another important question is, whether both eyes are to be operated on at one sitting, in case a double operation is necessary. As a rule, I think it much better to operate at an interval of from three to four days; for we can then estimate with accuracy the effect of the first operation, and the degree of deviation which is to be remedied by the second. Whereas this is quite impossible when both eyes are operated on at one time; so that too great an effect may be produced, and the patient get a divergent squint. To obviate this, the power of convergence should always be tested shortly (within twenty-four hours at the latest) after the operation, when the effect of the chloroform has passed off; and if it is found that when the object (an uplifted finger) is approximated to five or six inches from the eyes, the one eye deviates outwards, a conjunctival suture should be at once inserted, so as to limit the effect of the operation, which is too considerable; otherwise a more or less considerable divergent squint would result.

I generally perform the following slight modification of Von Graefe's operation, which combines the advantages of Von Graefe's and of the subconjunctival operation. The patient having been placed under the influence of chloroform, and the lids kept apart by the spring speculum, an assistant everts the eye with a pair of forceps, which grasp the conjunctiva and subconjunctival tissue just over the centre of the insertion of the external rectus (I am supposing that the internal rectus of the right eye is to be divided). With a pair of finely pointed forceps I then seize a small but deep fold of the conjunctiva and subconjunctival tissue, near the edge of the cornea, and midway between the centre and lower edge of the internal rectus, and divide the fold with a pair of blunt-pointed straight scissors, burrowing somewhat beneath the subconjunctival tissue in a downward and inward direction, so as to make a funnel-shaped opening beneath the subconjunctival tissue. The squint hook (Fig. 3) is then passed through the opening to the lower edge of the tendon; and its bulbous point being pressed somewhat firmly against the sclerotic, the hook is turned on the point and slid upwards beneath the tendon, as close to its insertion as possible, the whole expanse of the tendon being thus caught up. The points of the scissors are then to be introduced into the aperture, and one blade being passed along the hook behind the tendon, the other in front of the latter, between it and the conjunctiva, the tendon is to be divided close to its insertion by successive snips of the scissors. When it has been completely cut through, the conjunctiva is to be slightly lifted on the point of the hook, and a smaller hook passed upwards and downwards to ascertain if the lateral expansions of the tendon have been divided. If not, they should be cut through; for, even although only a few lateral fibres remain standing, they would suffice to spoil the effect of the operation. In tenotomy of the internal rectus of the left eye, I make the opening *above*, just between the centre and upper edge of the tendon, for this has the advantage of obviating any sinking of the caruncle. If it is found that the effect of the operation is too considerable, so that the eyes cannot be converged up to a point of five or six inches from the eye, but one shows a tendency to deviate outwards, a conjunctival suture should be applied, to diminish the effect of the operation by approximating the cut ends of the tendon. The suture (which is to be applied within twenty-four hours of the operation) is to be inserted in a diagonal direction, passing from downwards and inwards to upwards and outwards, so that the inner and outer lips of the conjunctival wound are united; it may be left in from twenty-four to thirty-six hours.

FIG. 3.

ON THE

TREATMENT OF HIP-JOINT DISEASE.*

BY WILLIAM ADAMS, F.R.C.S.,

SURGEON TO THE ROYAL ORTHOPÆDIC AND GREAT NORTHERN HOSPITALS.

IT is not within the scope or object of the present paper to discuss the whole pathology and treatment of hip-joint disease. Experience has convinced me that nothing more certainly destroys the aim an author has in view, when he brings any subject under the notice of a Medical Society, than extending too widely the field of his observations. By such a course discussion is paralysed for want of concentration, and frequently the special objects of the author are lost sight of in the attempt to analyse the whole subject. I will therefore at once state that the object of the present communication is to bring under the notice of this Society the views I entertain as to the principles of treatment to be adopted in the ordinary form of hip-joint disease, as we generally find it occurring in children—mostly from five to ten years of age, but sometimes beyond this period.

The first point in the pathology of this disease, and one which materially influences our treatment in all its stages, is the fact that children suffering from this affection usually exhibit unmistakable signs of the strumous diathesis, and the disease is therefore correctly regarded as belonging to the class of strumous affections.

Not that this necessarily involves the idea that hip-joint disease is essentially a constitutional affection, but the observation goes to prove that although the disease may be of local origin, commencing, as I believe it frequently does, in a slight accident or sprain, such as would injure the ligaments of the joint, and excite local inflammation, the subsequent progress of the affection, and its tendency to terminate in the destructive processes of ulceration and suppuration, are essentially determined by the strumous constitutional condition of the patient. I assume that a similar injury in a child of a sound constitution would not be followed by destructive disease, and that the constitutional condition of the patient, therefore, determines the progress of the inflammation excited by the injury, and impresses a definite character upon the affection.

The *pathology* of hip-joint disease, more especially in reference to the structure in which the morbid process commences—i. e., whether in the synovial membrane, the round ligament, the articular cartilage, or the bone, remains, even in the present advanced stage of pathological knowledge, a problem yet to be solved; obviously for the reason that patients never die from the effects of this disease in the early stage, or when the morbid process is limited to the structure in which it commenced; but, on the contrary, when death occurs as the result of the disease, all the structures entering into the composition of the joint are more or less extensively destroyed.

The most generally received idea, probably, has been that chronic inflammation commences in the cancellous structure of the bone, and extends to the articular cartilage, as Sir B. Brodie described it to occur in the scrofulous affection of the joints generally. Of this, however, we have no proof

* Read at the Medical Society of London, Nov. 8th, 1869.

and, as it is not my intention to discuss the pathology of the subject, we will not enter upon these questions.

Cases in which death occurs from some other disease, whilst the hip-joint affection is yet in an early stage, must not unfrequently occur, when we consider that the first stage of the joint-disease—i. e., previous to the formation of abscess—frequently lasts one year, and sometimes as long as two or even three years; but in such cases medical men are content to ascertain the immediate cause of death, without examining the condition of the hip-joint. Very few post-mortem examinations, therefore, of hip-joint disease in the early stage have been recorded. The late Mr. Aston Key recorded the appearances observed in one case, and concluded that the round ligament was the primary seat of the chronic inflammatory changes, which extend from this structure to inflammation of the synovial membrane, ulceration of the articular cartilages, and caries of the bone. In one dissection which I had the opportunity of making, the details of which are recorded by Mr. South in the first volume of his translation of Chelius's Surgery, I found appearances agreeing with those described by Aston Key;* and I am disposed to believe that chronic inflammatory changes most frequently commence in the round ligament, as the result of an accident, in which the round ligament may be violently strained or partly torn; and that from this spot, as a centre, the disease extends to the rest of the synovial membrane, the articular cartilage, and at a later period to the bone.

Mr. Coulson† records three cases in which he examined the hip-joint in the first stage of disease, and in each case the round ligament with its investing synovial membrane was found to be the seat of inflammation, without the other structures being materially implicated.

That hip-joint disease does commence in the way above described is a fact proved by dissection of cases recorded by Aston Key, Coulson, and myself; and the curability of the disease, or its arrest in an early stage, without the complete destruction of the joint, confirms this view, and is opposed to the supposition of the cancellous tissue of the bone being the primary seat of the disease in the great majority of cases met with in practice.

As a more rare and exceptional event, it is probable that the disease commences in the cancellous tissue of the head or neck of the thigh-bone, or of the bones forming the acetabulum. In this case the inflammation would more certainly terminate in necrosis and caries of the bone with abscess, as we see it occur in some cases of hip-joint disease, at a comparatively early stage of the affection.

These cases must either be regarded as examples of primary bone disease, or as cases in which the disease rapidly extends to and involves the bone subsequently to the soft tissues, in patients of a marked strumous constitution. Whatever may be the exact mode of origin, they undoubtedly form the most serious examples of hip-joint disease met with in practice, and frequently call for surgical interference; either by excision of the head of the bone, or free incision and gouging. These are cases, also, which we occasionally, though happily very rarely, see terminate in a fatal result.

With regard to the division of hip-joint disease, the plan which I have always adopted, and which will, I believe, be found most useful for practical purposes, is that of dividing the disease, so to speak, into three stages:—

The *first stage*, extending from the commencement of the symptoms to the formation of abscess.

The *second stage*, extending from the formation of abscess to the bursting or opening of the same.

The *third stage*, extending from the bursting or opening of the abscess to the complete destruction of the joint, with disease of the bone, dislocation, &c.

It is unnecessary for me here to enter into any description of the symptoms characteristic of the different stages; but I will at once proceed to the subject I am desirous of bringing under the notice of the fellows of this Society this evening—viz.:

What should be the leading principles of our treatment of hip-joint disease, more especially in the first stage, in which alone we can hope to obtain a cure?

In the early part of the first stage, when, as a general rule, the local symptoms are in abeyance, and there is either no pain at all complained of in the hip-joint, or at most a little pain on sudden movement, or after more than usual exercise, there is little room for difference of opinion; and surgeons generally are agreed that rest alone, or in combination with tonics, and change of air to improve the health, are sufficient. Some surgeons, however, would at once insist upon absolute and long-continued rest—i. e., for several months,—with the application of the straight splint or starch bandage. Other surgeons are content to order rest for a few weeks on the couch, with the application of the straight splint; and this plan I have generally adopted, allowing my patients afterwards to walk about with a pair of crutches when they are old enough to use them, and having a large gutta-percha splint applied to the hip. Even in this incipient stage of the disease many surgeons still resort to blisters; but I never employ counter-irritation in any form. Warmth and moisture, by means of a large piece of spongio-piline dipped in hot water, and applied over the joints, I have found useful as well as grateful to the patient.

It is only when the disease is a little more advanced, and pain in the hip-joint becomes more frequent and more decided, that room exists for the greatest difference of opinion as to the treatment to be adopted.

The question may then be asked—Are we to apply our remedies constitutionally and locally with the view of subduing a deep-seated inflammation of an active character? Are we, with this view, to apply leeches, blisters, moxas, issues, and the actual cautery externally, and calomel &c. internally, and to enforce lying down as a means of securing absolute rest to the joint? Or, on the other hand, are we to regard the inflammation of the joint as essentially of a passive character, depending for its continuance upon a condition of constitutional debility, or scrofulous diathesis? And, with this view, are we to reject all antiphlogistic treatment, both externally and internally, and direct our undivided efforts to the means of improving the constitutional powers of the patient, relying at the same time upon absolute rest to the joint as the only local treatment?

As a choice between these broad principles of treatment, I unhesitatingly give preference to the latter, and believe that modern pathology and clinical observations are fast driving practice in the direction which it indicates. The days of active antiphlogistic treatment for hip-joint disease are rapidly passing away; but, in a modified form, this principle of treatment is still followed out by many surgeons. Leeches are rarely applied freely in the first stage, but some surgeons frequently repeat—i. e., at intervals of a few days—the application of one or two leeches. Moxas and issues are still employed by some surgeons in England, and still more frequently on the continent; and repeated blistering is still a common mode of practice. Internally, calomel, in alterative doses, combined with wine and tonics, is at the present time a very general practice, and recommended in all modern surgical works.

(To be concluded.)

* Med.-Chir. Trans., vol. xiii., p. 230.

† On Diseases of the Hip-joint. By Wm. Coulson. Second Edition, p. 51. London: 1841.

ON A PURELY MILK DIET IN THE TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, DISEASE OF THE SUPRA-RENAL CAPSULES, FATTY DEGENERATION, &c.

BY ARTHUR SCOTT DONKIN, M.D.,

LECTURER ON FORENSIC MEDICINE TO THE UNIVERSITY OF DURHAM, AND PHYSICIAN TO THE SUNDERLAND INFIRMARY AND DISPENSARY.

(Continued from page 670.)

IN the previous portion of this contribution I gave a full detail of two cases of *diabetes mellitus* treated by an exclusively skim-milk diet, with the subsequent addition of animal food and green vegetables for dinner, after convalescence had been for some time established. In one of these cases—the boy, T. H——, aged seventeen—the treatment was successful, and a cure rapidly resulted, inasmuch as the sugar was completely removed from the urine, while the patient's health and strength were perfectly restored. The other case—that of W. H——, the

seaman, aged thirty-one—was not so successful, a small quantity of sugar remaining permanently in the urine, although the general health was perfectly re-established. But this less favourable result was attributable to two causes: first, to the long continuance of the disease (nineteen months after its full development) before the treatment was begun; and, secondly, to the fact that the patient frequently partook, clandestinely, of prohibited articles of food, especially bread, as I afterwards discovered. If the treatment had been commenced when the disease was first recognised, and the patient had been educated, intelligent, tractable, and capable of appreciating the necessity for a dietetic course of treatment, and, above all, if he had been in a good position in life, instead of returning home to abject poverty, I feel assured the result would have been even more favourable, and probably completely successful.

Dr. Francis Home first indicated the value of an animal diet in the treatment of diabetes mellitus, and it is now nearly three-quarters of a century since the diet he indicated was reduced to a system by Dr. Rollo, in the important work he published on the subject.* During the period which has since elapsed a diet more or less purely animal, as indicated by him, has been recognised as the proper and only available treatment to be employed against this most formidable malady. But the treatment of Rollo, either absolutely followed out or modified by the admission of certain kinds of vegetable food, is not by any means so universally successful as could be wished. The life of the patient is sometimes cut short during the treatment by the sudden accession of inflammatory affections of the abdominal and thoracic viscera. Dr. Bardsley specially directed attention to this fact.† Besides, it is exceedingly difficult to enforce a strict adherence to animal food for any length of time; with some individuals, indeed, it becomes almost intolerable. Dr. Rollo himself even lamented that this mode of treatment should be so repulsive to the patient. A purely milk diet, however, is free from these objections; milk being generally relished by the patients, especially at the outset of the treatment, when the thirst is intense. Afterwards they never tire of it, although they generally express a desire for solid food in addition.

From the experience I have already had, I have not the slightest hesitation in asserting that the milk treatment of diabetes is as superior to Rollo's, with its more modern modifications, as Rollo's was to any method previously in use. But it is necessary to add that *it must be persevered in methodically and exclusively until convalescence is established.* If this rule is not followed from the beginning the result will not be successful.

The efficacy of this treatment need excite no surprise when we know that the disease has hitherto been amenable only to the protracted employment of a dietetic course. The *rapidity* with which milk acts is truly surprising, twenty-four hours being sufficient for the production of a marked improvement: the quantity and density of the urine suddenly fall, and, *pari passu* with this change, the thirst and voracious appetite disappear, the skin becomes moist and perspiring, while the symptoms referable to the nervous system are as rapidly relieved; profound refreshing sleep succeeds to the previously sleepless, restless condition, rendered almost intolerable by the incessant thirst. The patient expresses himself thankful for the sudden and unexpected change. In the two cases I have recorded this sudden relief was obtained. I may mention, too, that a third case is now under my care, in which, by the same milk diet, and *without any other remedy whatever*, the urine fell from 23 pints, sp. gr. 1038, to 9 pints, sp. gr. 1040, in twenty-four hours, and to 6 pints, sp. gr. 1038, at the end of the third day of treatment; in other words, there was *a diminution of 14 pints of urine and about 19 oz. of sugar in twenty-four hours, and of 17 pints and about 24 oz. of sugar in three days.* A result like this seems almost incredible; but I may add that this astonishingly rapid improvement in the urine was accompanied by a correspondingly rapid abatement of the other prominent symptoms of the disease. I shall, however, give a complete history of this case in a subsequent communication.‡ I have no doubt that others will, on trial, find the remedy to act with the same magical rapidity as I have done.

But that milk should exercise a more powerful influence over diabetes than even a purely animal diet can, I think, be explained by the fact that the caseine of milk, being a primitive albumen, is infinitely superior, as an agent of nutrition, to the albumen of muscle, which has been highly and specially organised to perform an important vital function. Besides, the sugar which milk contains is quite innocuous in the disease (as shown by my experiments), and it supplies the system with a saccharine, proximate, alimentary principle equivalent to such as is afforded by vegetable food. There can be no doubt that the sugar of milk is destined to supply for the nutrition of the young an equivalent for the amylaceous and saccharine principles entering so largely into the food of the adult.

It is erroneous to suppose that a moderate quantity of sugar is injurious in diabetes. Sugar cannot be again converted into sugar by any morbid process in operation in the liver or elsewhere, and cannot therefore supply a pabulum for the activity of the morbid process by which diabetic sugar is elaborated. Starch seems to be the fuel requisite to maintain the morbid action of the disease in all but the most advanced cases, and it would appear that this substance, and every species of food containing it, should be prohibited, even in complete recoveries, for a long period after health has been re-established, and sugar long absent from the urine. The necessity of this precaution was shown in the case of the youth, T. H——, who, before he left the infirmary, clandestinely partook of large quantities of bread, the result being that some sugar reappeared in the urine; but in three days this again totally disappeared, after bread had been strictly prohibited. In some individuals the tendency to the formation of sugar, from the malassimilation of amylaceous substances, may possibly be so great as to become an idiosyncrasy. But what length of time must elapse before permanent security is reached can only be ascertained by direct experiment; doubtless it will be found to vary much in individual cases.

The success of the milk treatment of diabetes shows that in this disease it is by no means necessary to limit the quantity of fluid taken by the patient, as has been supposed by some authorities. The thirst bears a definite relation to the quantity of saccharine urine voided, and rapidly subsides when the latter has been reduced to a nearly normal condition.

These observations will, I trust, stimulate others to investigate the subject for themselves. I shall only add that in all probability milk will be found, from the nature of the organic compounds it contains, to be the most potent remedy we shall ever become acquainted with in the treatment of diabetes mellitus.

(*To be continued.*)

* Cases of Diabetes Mellitus. London, 1799 and 1806.

† Cyclopædia of Practical Medicine, vol. i., p. 545.

‡ Since writing the above, I have commenced the treatment of another case of long standing. In this the urine was reduced from 26 pints, sp. gr. 1038, to 4½ pints, sp. gr. 1040, in 24 hours! and to 4½ pints, sp. gr. 1027, at the end of three days; and this with a correspondingly rapid improvement in the general symptoms.

CASE OF INTUSSUSCEPTION TREATED BY INFLATION AND DISTENSIVE ENEMA

RECOVERY; REMARKS.

By GEORGE EASTES, M.B., F.R.C.S.

(*Concluded from p. 670.*)

In reference to the report of this case, which appeared in THE LANCET of Nov. 13th, many points of interest suggest themselves, capable of arrangement under three heads.

Diagnosis.—The distension of abdomen and paroxysmal character of the pain located the lesion about the intestinal tube itself; whilst the fact of this tympanitic distension being confined to the lower part of the belly, and not implicating the colon—the sudden appearance of the tumour in the right iliac fossa, where it was immovable, evidently intra-abdominal, and in its cylindrical form and position coincided with such a tumour as would be produced by the reception of a portion of the ileum and the cæcum into the lower two-thirds of the ascending colon,—and perhaps the

juvenility of the patient,—all these circumstances pointed unmistakably to intussusception, and to that variety of the disease in which the smaller bowel is received into the larger. Any doubt I had arose from the fact that, upon my questioning her, the girl's mother stated that she had seen the pan after each relief of the bowels during and after the evening of April 24th, when the severe colicky pain began, and she was sure that on no occasion was any blood passed per rectum. I was then under an impression, from my remembrance of a paper by Mr. Gorham in the Guy's Hospital Reports, Series i., vol. iii., that hæmorrhage is a constant and early symptom of the disorder; but I have since had reason to modify the opinion very considerably. Dr. Brinton gives amongst the symptoms distinctive of ileo-colic from simple iliac intussusceptions the "subordinate share taken in the former variety by hæmorrhage, which often is scarcely sufficient to tinge the mucus passing from the bowels."* In each of nine cases of ileo-colic intussusception in children under one year of age, tabulated by Mr. Gorham, hæmorrhage was present; but there was no appearance of blood in two adults, patients of Mr. Birkett.† As I was responsible for the report of one of these two cases, and the paper containing them is ready to my hand, I instance them before others. And, indeed, the verdict of other observers is, that in infancy hæmorrhage almost invariably occurs, whilst in later life it may or may not be present. I have discussed this matter at such length because the diagnosis forms the key of the whole case. Upon its correctness hinges, not only the propriety of the treatment here adopted, but also the value of the case as an example of benefit thereby produced.

Progress of the case.—It would appear, from a careful perusal of the foregoing report, that the disease commenced on April 19th, with uneasiness and pain in the belly, and disturbance of physiological processes in neighbouring organs—e. g., retention of urine. I imagine that a slight ileo-colic invagination then occurred, inappreciable by palpation through the abdominal parietes; that it became increased during, and by, the vomiting on the 24th, at 10 P.M. Strangulation of the intussuscepted bowel does not seem to have supervened until the night between the 25th and 26th, when persistent vomiting began. This is the usual course of the disease, and the fact should make one very careful in the administration of purgatives for the relief of any spasmodic abdominal pain, especially in children or young persons, lest, if the colic be due to a commencing intussusception, the malady be aggravated by the exhibition of such medicines. The tumour, which on April 21st was just above the pubes, was certainly the distended bladder, the result of retention during seventeen and a half hours. Unfortunately for the purposes of positive diagnosis, micturition was performed in the bath. With relief of the bladder symptoms disappeared the rapidity of pulse and pain and tumefaction of the abdomen. There was, in fact, subsidence of all local symptoms from the 21st to the 24th, which also is frequently noticed.‡

Treatment.—Beyond keeping the patient at perfect rest in the recumbent posture, giving milk or other easily digestible fluid nourishment, in small and oft-repeated quantities—that is, none other than the ordinary hygienic measures suitable for strangulated bowel,—only two kinds of treatment at present find favour—sedatives and inflation or distensive enemata. As regards drugs, opium is given in all cases with the happiest of effects; and where the stomach rejects everything, the hypodermic method of administration should be practised. Tobacco is probably now rarely used; and only one other drug need be mentioned. Dr. Brinton's views of the value of the combination of opium and belladonna seem not sufficiently widely known. I make this excuse for their introduction here. Condensed from his own words, they are as follows:—"The sufferings and lesions produced by intussusception depend, in great degree, upon the terrible forcing contractions of the intruded bowel. Now, opium (which causes contraction of the unstriped muscle in the eye, and tetanises the voluntary striped muscles of many vertebrata) may be pushed to the verge of producing complete narcotism without diminution of this agonising straining peristalsis. The combination of belladonna with opium seems no way to lessen the anodyne effect of the latter drug, even while it reduces the peristalsis almost to a zero. The proportions I use are two parts of extract of opium to one, two-thirds or one-half part of extract of belladonna, in a pill."*

But observers differ widely in their estimate of treatment by inflation or forcible enemata. The perusal of Mr. Gorham's above-cited paper first directed my attention to the subject, and I determined to practise his suggestions the first time a suitable case for treatment came under my notice. Here was the opportunity, and the result justified the experiment. Nevertheless, it seems right to lay down rules for the use of a measure so potent for good or ill. The anatomical conditions of the ileo-cæcal valve, preventing the passage of fluid from the colon to the ileum, at once exclude from this treatment all cases except those of the colic or ileo-cæcal variety of the disease—those, in fact, in which the large intestine is implicated, and which form 68 (ileo-cæcal 56, colic 12) per cent., or a little more than the two-thirds majority, of all cases. Notwithstanding, where it is doubtful if the intussusception has passed the ileo-cæcal valve, or is confined exclusively to the small intestine, an injection should be given, as it may do good, and, with proper precautions, cannot harm.

But, limited as we are to cases, I believe we must be still more limited to time. For, a distensive enema administered some days after strangulation by intussusception, and where the united entering and returning piece of bowel is commencing to be cast off by slough, would in all probability produce perforation and rapid death. Fortunately, it is in the larger class of ileo-colic cases that the symptoms usually run a gradual course, invagination and consequent abdominal tumour existing for weeks or even months before the supervention of strangulation; though "sometimes strangulation occurs at the first onset, and death within three or four days."† Pressure upon the impacted intestine, in the ileo-colic disease, seems generally at first to be inconsiderable, as is proved by two facts: hæmorrhage, as already stated, is not always present; and the date of expulsion of sloughed invaginated segments does not, on the average, take place until the fifteenth and twenty-second days, instead of the eighth and tenth respectively, as in the intussuscepted small intestine.‡ Hence, further, if all other signs and symptoms betoken invagination in the large bowel, the fact of no blood or bloody mucus passing away not only does not contraindicate the use of the enema, but even favours recourse to such treatment, indicating, as it seems to do, the less severity of the constriction, and offering greater probability of release of the intussusception. I should not, in any future case, inject (for distensive purposes) after the lapse of about seventy hours from the beginning of constitutional symptoms, the case running a moderately severe course; and, the constitutional symptoms being very urgent, I should think the period for injection gone by if more than half that time had elapsed. It is impossible to lay down rules always applicable or more definite, because of the variation in progress which ileo-colic cases exhibit. The mechanical treatment, to be efficient, must be adopted early (if possible, before the occurrence of strangulation), and should not be postponed one hour after the diagnosis is settled; because, with the lapse of time, that which is merely a slight invagination may enlarge or become a strangulation; whilst, if the intestine be already strangulated, adhesions are in process of formation, and the contained bowel is becoming swollen and rapidly undergoing changes to permit of its being cast off.

Shall a liquid or air be injected? The latter was certainly of less use in this case than the former, and it may be that by a liquid the bowel is more readily reducible than by air, whilst the former seems to the patient the more formidable agent. The fact, mentioned in the report, that some twelve to eighteen ounces of the injected water were altogether retained, recalls special attention to a remark by Dr. Brinton, that "admixture with milk or gruel confers upon enemata a further contingent usefulness by permitting an absorption of some constituents of food." (p. 111.) Restricting, then, its employment within the above-assigned limits, I believe we have in forcible injection a very efficient therapeutical agent. It should be administered with great caution by the surgeon himself, who should occupy some

* Intestinal Obstruction, edited by Dr. Buzzard, p. 58.
† Guy's Hospital Reports, Series iii., vol. xiii.
‡ Hilton Fagge on Intestinal Obstruction. Guy's Hospital Reports, Series iii., vol. xiv., pp. 286 to 302.

* Loc. cit., pp. 109, 110.
† Fagge: Loc. cit., p. 301.
‡ Brinton: Loc. cit., p. 56.

time in the operation, that the gut may become accustomed to the fluid or air already injected before an additional syringeful is pumped in. Full distension must be kept up for some time; and the operation may be shortly repeated should the first be followed by no immediate benefit. Also it must not be overlooked that the procedure is much facilitated by the use of chloroform.

Bearing these several points in mind, I should inflate first, especially if consulted early in a case; and, if no amendment resulted, I would use, after a few hours, a distensive enema of lukewarm milk or milk-and-water. At the same time, for medical treatment until reduction of the intussusception, I would combine belladonna with opium.

Albion-place, Hyde-park-square, Nov. 1869.

A STUDENT'S THOUGHTS ON MEDICAL EDUCATION.*

BY EDGAR G. BARNES, ESQ.

(*Communicated by* BERNARD BRODHURST, ESQ.)

THE *object* of medical education I take to be to train a student in such a manner that when he is sent forth as a legally qualified medical man, be he a general practitioner or a specialist, he may practise not only with safety but with benefit to his patients, and with credit to himself and to his teachers. I purpose therefore to consider how our existing hospitals and medical schools may be better fitted to fulfil this purpose. The opinions I shall state to-night will be, I hope, freely discussed, for in this subject there is an immense latitude for difference of opinion.

The first proposal, then, I have to make is to lessen "the amount of compulsory attendance on lectures." Some men nowadays tell us that lectures are of no use, and would do away with them altogether; others tell us that they are the most powerful agents of teaching we possess. I think this discrepancy of opinion arises from the different constitution of men's minds. "What is one man's meat is another man's poison" is an adage which will be found to hold good on this point, as well as on many others. In my mind some lectures are unquestionably of great use; on the other hand, I am equally convinced that some are utterly useless. If the student were allowed to use his own discretion as to the particular courses of lectures he attends—if, in fact, the regulation which exists at the University of London were the rule of all the examining bodies—namely, to compel the student to attend a few courses of lectures, and to give him a long list of subjects from which he might pick whatever lectures he pleased to attend,—I believe then those lectures which are really instructive would be attended quite as fully as they are now, and those lectures which are uninstructive would not be so attended, and the student would be spared the painful necessity of sitting hour after hour and day after day to hear a long monotonous list of dry details, in which he takes no interest, and which (to use a homely phrase) "go in at one ear and out at the other."

I would also re-echo the suggestion which has been made "to do away with compulsory attendance on second courses of lectures." If, indeed, the student gains instruction from any lectures, and wishes to attend them again, by all means leave him at liberty to do so again and again, as often as he pleases. What I am endeavouring to argue is: let the student's knowledge be tested as rigidly as you please by examinations, but give him latitude in the means by which he attains that knowledge. So long as he attains the amount necessary for the practice of his profession, it appears to me perfectly immaterial how he attained it, whether by attending five courses of lectures or thirty. To dictate the exact course a student must follow throughout his entire career, to lay down laws from which he must not swerve a hair's breadth to the right hand or the left, seems unnecessary. The plan may be admirable; it may be adapted to the constitution of the minds of the majority of men; yet, why should that unhappy minority who possess differently-constituted minds be compelled wearily to trudge along a road which, at the best, brings them but slowly to their journey's end? To make all students follow the same course seems to be the same in principle as to treat all the cases of the same disease by the same method, to pay no attention to the strength and constitution of the patient, nor to the special symptoms belonging to each case. Under the present management, a student going in for the Membership of the College of Surgeons has, during his first two years, to attend lectures varying in number, according to the hospital at which he may be placed, from 1461 at University College to 793 at Westminster, as will be seen by this table, which I have compiled from the prospectuses of the different Schools:—

TABLE I.—*Showing the amount of* COMPULSORY *attendance at lectures during the first two years at the different medical schools.*

	MEDICAL SCHOOL.	Number of lectures to be attended in 1st year.	Number of lectures to be attended in 2nd year.	Total of the first two years of study.
1.	University College ...	631	830	1461
2.	King's College	593	545	1138
3.	St. Mary's	446	594	1040
4.	St. Bartholomew's ...	398	508	906
5.	Charing-cross	384	496	880
6.	London	359	507	866
7.	Middlesex	384	471	855
8.	Guy's	359	483	842
	St. Thomas's	359	483	842
10.	St. George's	382	446	828
11.	Westminster	359	434	793

Surely this is too much to require in addition to dissections, practical chemistry, practical botany, demonstrations on the microscope, examinations, and hospital practice both medical and surgical.

Before leaving the subject of lectures, I would express my opinion that all lectures should be made as attractive as possible, by illustrating them by drawings, diagrams, preparations, and experiments. Some lecturers do this well enough; others, to say the best, indifferently; yet I think most of you will agree with me that to listen to an hour's abstract reasoning, delivered perhaps in a monotonous tone of voice, without the slightest attempt to illustrate it, and to render it interesting, has a very decided soporific effect, if one may judge by the nodding heads to be sometimes seen on looking round the lecture-room.

The next point to which I would turn your attention is to the method of teaching by examination. I look upon this as (for the majority of students) one of the most efficient, I am not sure I ought not to say *the* most efficient, method of teaching. I believe it is carried out pretty well at all our medical schools as regards the subject of anatomy; and I consider the appointment of a medical tutor here and at several other hospitals as a decided step in the right direction towards applying the plan to other subjects. But I would suggest that it would be well to carry it still further: that each lecturer ought himself to examine on the subject of his course; that one lecture out of every three should be devoted to examination. This plan would not increase the lecturer's labour, and it would not increase the work of the student; yet I believe it would form a more efficient plan than that which is adopted by too many lecturers of going straight through a subject without once giving a thought to what has gone before. I believe that this method of examination—of making mistakes oneself and of hearing others make them, of raising a laugh at one's own expense and of joining in a laugh created by another—is a method by which much may be learned; and, besides, it has the advantage of provoking emulation and stimulating students to work; for we all have some pride, and do not like to make ourselves conspicuous for our want of knowledge when we can possibly avoid it. I should, however, allow in this the same option as I should in attending lectures, for some men I know have a decided objection to being publicly examined.

I should next suggest the importance of *practical courses*. Their use is already recognised to a much greater extent than it was a few years ago. In these I should not allow that option which I have recommended in the case of lectures and examinations; for, as the main object of medical education is to fit men to practise medicine as an art, I consider there cannot be any doubt that practical instruction

* A paper read before the St. George's Hospital Medical Society.

forms its most essential element; and a man who is incapable of turning his mind to practical courses is equally incapable of practising medicine. In some subjects we have enough practical instruction—in anatomy, for example; but in others we have hardly sufficient. The College now requires every man, before presenting himself for examination, to hold at least six months' dressership. So far so good. But I am afraid that at the large schools, such as Guy's and St. Bartholomew's, and even to a greater extent at King's and University College (on account of the small size of the hospitals), considerable difficulty is experienced in finding sufficient appointments for the students. I remember some time ago a dresser at King's College told me he had *six* beds under his care, and that he was required to dress and take notes of what patients might happen to occupy them. This office he continued for six months, and at the end of that time he presented himself at the College with his certificate of six months' dressership duly signed. Medical clerkships should also, I think, be made compulsory in the same way as the dresserships. You will tell me that a similar difficulty will be experienced in providing appointments. This I must admit; but I hope, before this paper is concluded, to propose a scheme which shall provide for this more efficiently than is now done in regard to the dresserships.

In one other point I would show the deficiency of our present system of practical instruction—viz., students are turned out of our hospitals without, in some instances, the faintest idea of the art of prescribing. This might be remedied by allowing students in their fourth year to see and prescribe for out-patients under the direction and superintendence of the assistant-physicians and surgeons. I am aware that a grave objection to this proposal is found in the frequent change of officers which such a proceeding involves; but, perhaps, by careful management, this objection might be partly overcome.

Another thing I should like to see generally established is the formation of systematic classes for clinical teaching under the physicians and surgeons. These classes should each contain but a limited number of students, and should meet regularly. No student should be compelled to join them, but having once joined, he might, with great fairness, be expected to attend regularly; and if he did not do so, he should be dismissed from the class, and a place made for another man. The nearest approach I find to this arrangement is at the London Hospital.

Of the working of this system at the London Hospital I can say nothing; but I can point out that in the summer session of 1868, when Dr. John Ogle was our clinical lecturer, he used, every Saturday, at one, to meet a class for instruction in the "principles of physical diagnosis." This is a similar thing, and I can speak from experience that it worked well. I am not aware that since that time any attempt has been made to carry on the scheme.

These systematic courses might meet not only in the wards, but also in the out-patient departments.

I would next call attention to the inefficiency of the out-patient departments of the London hospitals as places for clinical instruction. I consider this inefficiency arises mainly from the fact that one or two men are required to see from 200 to 300 patients consecutively, in the space of about two hours. The patients are obliged to be hurried over, the cases are imperfectly investigated, and the physician or surgeon has no time to point out to the students round him the nature and treatment of the disease. The obvious remedy for this is to increase the number of assistant physicians and surgeons. By this means the out-patient rooms would be rendered very much more beneficial to the patients themselves and to the students in attendance.

Another cause of inefficiency in our present means of medical education is to be found in the existence of special hospitals, which draw away from the general hospitals the cases which are there needed for instruction. For example, look at the comparatively few cases of children's diseases, of aural diseases, of skin diseases, of ophthalmic cases, which are to be seen in many of our hospitals. I would not, however, condemn special hospitals altogether, as there are a few exceptions I would admit, and they are principally these,—consumption, cancer, small-pox, fever, and Lock hospitals; most, if not all, others I would strongly condemn. The only way I can see of in any way remedying this evil is by the establishment of special departments in general hospitals; and as an instance of the feasibility of this scheme, I would point to the large increase of ophthalmic practice which has occurred here since the establishment of a special ophthalmic department.

To provide plenty of practical clinical instruction for large numbers of students, why not utilise our country hospitals? What is the need for that regulation of the College of Surgeons refusing to recognise clinical instruction unless it be at an hospital which contains 100 beds? Why cannot really efficient hospital practice be obtained from a much smaller number of beds, associated, as these beds always are, with an extensive number of out-patients? Why, I ask, should not dresserships and clerkships at a country hospital, containing even so few beds as twenty, and associated with an out-patient practice, be recognised as clinical hospital practice? The field, if properly used, appears to me amply large enough for perhaps twelve months of medical education; if not properly used, no hospital, however large, offers sufficient scope.

There are in England and Wales, not including the metropolitan districts, as you will see by the table I here submit, no less than eighty hospitals answering to the description I have given—viz., hospitals containing twenty and more beds, and not recognised by any of the examining bodies. Why should all this ground lie fallow? Why should not their walls be thrown open for the reception of one or more resident clinical assistants, as is now done at the Leicester Infirmary.

TABLE II.—*Showing the number of beds in the various hospitals in England and Wales, not including the metropolitan districts.*

Number of hospitals with over 100 beds... ...			46, *recognised.*
Ditto	with between 80 and 100 beds ...	10	80, *unrecognised.*
Ditto	ditto 60 and 80 beds ...	10	
Ditto	ditto 40 and 60 beds ...	28	
Ditto	ditto 20 and 40 beds ...	32	

A subject that seems to be somewhat neglected in the general education of medical men is hygiene and preventive medicine. Among the zymotic diseases there is much to be done in this department—much to be done by removing predisposing causes, and placing patients under favourable hygienic conditions—much to be done by endeavouring to prevent contagion and infection; on the other hand, when the disease has developed itself little or nothing can be done to cut it short or diminish its severity, and we must content ourselves with endeavouring to maintain the patient's strength through the attack. I think such an important subject as this should be placed in a more prominent position than it at present occupies.

But to sum up the whole matter. What conclusion are we to arrive at with regard to medical education? Are we to regard it as utterly insufficient for the times in which we live; or are we to regard it as fairly up to the mark, open to some improvement, but still, on the whole, not far behind its proper position? I incline to the latter view, but still I would earnestly wish to see improvement in many respects.

THE ST. PANCRAS INFIRMARY.—The adjourned investigation into the cause of the death of Jane Hayes and other persons who had died in St. Pancras Workhouse Infirmary was resumed on Monday. It lasted several hours, and terminated in a verdict that Hayes's decease was accelerated by the overcrowded condition of the ward in which she expired. The jury added an expression of regret that the Poor-law Board had not enforced the sanitary measures which they had from time to time recommended, and, at the same time, intimated that the St. Pancras guardians had failed in their duty towards the parishioners in not carrying into effect the suggestions of the central authorities. The inquiry into several of the cases was adjourned.

SUDDEN DEATH.—On Friday morning, Dr. George Stokoe was found dead in the bedroom of his house, Chapter-row, South Shields. He was found kneeling by the bedside, his hands clasped, and his face lying on the clothes. He was forty-four years of age. He had been suffering from bronchitis, and the cause of death is supposed to be congestion of the brain, brought on by convulsions. He leaves a widow, and a child about twelve years of age.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

CASE OF ACUTE ATROPHY OF THE LIVER.

(Under the care of Dr. ANSTIE.)

CASES of acute yellow atrophy of the liver are so rare that it is important to record every example of this remarkable and obscure affection. It is a fact of some interest, as regards the following instance, that two or three of the man's family had died rapidly of "liver disease," which came on suddenly.

H. A. B——, aged twenty-four, by trade a wood turner, admitted into the Westminster Hospital on Sept. 11th, 1869. He was a tallish young man, of steady habits and fair strength, and had always been of a lively disposition; but began to get despondent and low-spirited a fortnight previous to his admission. On Sept. 2nd he applied at the hospital for advice as an out-patient: he was then very depressed, vomiting occasionally, and there was loss of memory. He was recommended to become an in-patient, but strongly objected to do so. Four days later he again attended: all the symptoms were worse. On Sept. 8th he again made his appearance: he was now very weak; the eyes were jaundiced; there was profound mental depression, and a considerable hesitation of speech, but no paralysis. On the 11th, at 9 A.M., he was admitted: he was then suffering from active delirium, continually talking, very restless, and twitching the bed-clothes. He was ordered beef-tea, two pints (extra strength); milk, one pint; brandy, six ounces,—for the twenty-four hours: a calomel aperient, and a mixture containing acetate of ammonia, hydrocyanic acid, and spirit of nitrous ether, every four hours. He continually vomited dark-yellow matter, however, and rejected both food and medicine. The pupils were dilated and equal, the tongue brown and dry, and the lips covered with sordes. The bowels not being relieved, in the evening he had a common enema, and soon afterwards they acted; the motions were of a dark-olive colour. The urine was very free, and passed involuntarily; it was very high-coloured, and stained the bed-clothes. At 11 P.M. the delirium became so wild that twenty minims of sedative solution of opium were given; he then slept for three hours.

Next morning he was a little quieter, if anything, but still talked incessantly, and moved his arms and legs continually. He complained of a little tenderness in the hepatic region. Took but little food. About 7 P.M. he became very noisy, and screamed loudly. Cold affusions were applied to the scalp; he then became very quiet, and at 11 P.M. sank into a comatose state.

On the 13th he was still comatose. His wife, who had remained with him during the night, thought he had been sleeping quietly. Pupils unequal; the breathing was slightly stertorous, and he could not be roused. The bowels were freely open, and large quantities of dark urine were passed. Mustard poultices were applied to the calves and the feet, stimulants and coffee were given, but he sank, and died at 5.30 P.M.

Dr. Anstie, who was requested to attend this patient in the absence from town of Dr. Fincham, had no hesitation in making the diagnosis of acute hepatic atrophy. Percussion plainly showed the liver to be extraordinarily small; in fact, the liver dulness was more nearly *absent* than Dr. Anstie had ever found it. This circumstance, joined to the unbroken health of the patient up to the commencement of his short fatal illness, the symptoms which he displayed, and the remarkable fact that two or three of the family had died in a very similar manner, seemed enough to decide the question. It was unfortunately impossible to collect urine during his stay in the hospital, so that leucine and tyrosine could not be searched for.

The post-mortem was made by Dr. Cavafy twenty hours after death. The body was fairly well nourished. There was deep jaundice of the trunk and upper third of the thighs, and a good deal about the neck. Considerable cadaveric staining, especially at the nape of the neck, and along the back. On turning over the body, about a pint of blood escaped from the mouth and nose. Rigor mortis well developed.—Thorax: Pleuræ healthy, but a quantity of clear yellow serum in the right one. Both lungs intensely congested in the lower lobes, but pieces cut from the most congested part floated in water. A small quantity of frothy mucus in the bronchial tubes; mucous membrane congested. The pericardium contained a little yellow serum. The heart had both ventricles contracted; there was a small quantity of fluid blood in the right one.—Abdomen: The liver was entirely hidden beneath the diaphragm. It weighed *twenty-three ounces and a quarter*, and was of a dark-reddish colour, with blotches and raised nodules of a bright-yellow colour. The gall bladder was small and shrunken, and contained a drachm of thick bile. On cutting into the liver-substance, the contrast between the bright-yellow of the projecting nodules and the dark-red of the remaining substance was most marked. The lobular structure was very clearly marked in all the bright-yellow portions. In the darker red parts no traces of nodules could be distinguished by the naked eye. The atrophy seemed to have attacked chiefly the left lobe, which was shrunken, and almost leaf-like. The capsule was minutely puckered, more especially in the upper surface.—Spleen small and congested; structure tolerably firm. Kidneys much congested; the right one rather more so than the left; cortical substance projecting downwards between pyramids. Pancreas hard and congested. Bladder semi-contracted; contained three ounces of urine, on examination of which leucine was found, but no tyrosine.—Brain: Firm, with no excess of puncta vasculosa. About half a drachm of reddish serum in the ventricles. Pia mater on the cerebral convolutions rather adherent; in attempting to strip it off, portions of grey matter came away with it.—No marked venous congestion. The blood was fluid throughout the whole body.

GUY'S HOSPITAL.

WOUND IN THE ABDOMEN FROM A STAB; PROTRUSION OF INCISED INTESTINE; DEATH ON THE FOLLOWING DAY.

(Under the care of Mr. BIRKETT.)

THE following case is interesting on account of the rarity of the accident, the rapid development of fatal peritonitis, and the state of the injured parts revealed on post-mortem examination.

John A——, aged forty-eight years, was admitted into Guy's Hospital on the morning of October 19th, with a penetrating wound of the abdominal walls, caused by a stab during a brawl in a public-house.

State on admission.—Was pallid, and under the influence of shock. A little below and to the right side of the apex of the xiphoid cartilage was the orifice of a punctured wound which extended under the integument for some distance in a direction inwards and slightly upwards. At the lower part of the abdomen, on the left side, and in the course of a line passing from the junction of the inner to the middle third of Poupart's ligament to the umbilicus, was a wound in the abdominal wall, about three-quarters of an inch in length. Through this protruded a knuckle of small intestine, which was much distended, and of a bright claret colour. At the upper portion of this protruded knuckle was an incised wound, which extended deeply, and through the whole of the serous coat at one part, and was tailed off at its extremities, thus presenting the appearance of having been made by the light touch of a sharp knife. Mr. Birkett could not make out, on close examination, that the inner and mucous coat of the wounded intestine had been cut through. From the distended state of the intestine, and the absence of any fæcal discharge, it was thought that this layer still remained intact. There was slight oozing of blood from the wound, but the man had bled but very little before his admission.

Shortly after his admission, the patient was taken into the operating theatre. The edges of the incised wound in the intestine were brought together by sutures of very fine silk, carefully passed through the serous coat by means of a common sewing needle. Chloroform was afterwards administered, and the protruded knuckle returned within the abdominal cavity. Some hæmorrhage then occurred, and Mr. Birkett felt at the inner portion of the wound a thick mass of coagulated blood. The margins of the external wound were brought together by needles and twisted suture.

Mr. Birkett, in some remarks made in the theatre, stated that, according to his experience and also that of his colleagues, this case was an extremely rare one. The exposure of omentum through a rent in the abdominal walls had been occasionally observed in surgical practice; but the protrusion of a portion of intestine, that portion at the same time being wounded, was a very uncommon lesion. In the total absence of any signs of perforation of the intestinal wall, he had closed the wound in the serous coat by sutures, and returned the protruded knuckle. He had no doubt that, in case of the man's survival, speedy union would take place, and that the sutures would either become enclosed in a capsule of lymph or pass into the intestinal canal. Allusion was made to a remarkable case in which, after recovery from a large wound in the intestines, requiring considerable time in stitching up, none of the many sutures were afterwards observed. The prognosis in the present case was very bad. Wounds of the intestines, except in lunatics, were frequently fatal. And there was much uncertainty in this instance as to the extent of the injury: some other portion of the intestinal canal might have been wounded, or a mesenteric artery opened. A wound in the small intestines, too, was much more dangerous than one in any part of the colon, in consequence of the great mobility and frequent action of the former.

The subsequent treatment consisted in perfect rest and the frequent administration of opium. Symptoms of traumatic peritonitis, however, soon came on, and the patient died on the following day, Oct. 20th, at 2.30 P.M.

An examination was made by Dr. Moxon twenty-four hours after death. Around the lower wound in the abdominal wall the subcutaneous and muscular tissues were extensively infiltrated with coagulated blood. Some fluid blood was also found in the abdomen and pelvis. The total quantity was estimated at about eleven ounces. The intestines were much distended, and the serous surface was much congested. Near the region of the kidneys was a small quantity of turbid serous effusion. Some difficulty was experienced in discovering the sutures at the seat of the intestinal wound, as they had been completely enclosed in a capsule of soft gelatinous lymph. On examining carefully the wounded portion of intestine, it was found that the incision at one part of its extent had passed through the inner and mucous coat, and perforated the intestine. This orifice, which was very minute, had evidently been made by the sweep of the knife at the time of the original injury. There was marked rigor mortis, and the heart was firmly contracted.

HOSPITAL FOR CONSUMPTION, BROMPTON.

ACUTE PULMONARY TUBERCULOSIS, SIMULATING TYPHOID FEVER.

(Under the care of Dr. COTTON.)

THE following case well illustrates a difficulty of diagnosis which is not very unfrequent in occurrence, but which is always important, at least as regards the prognosis. Its publication may suggest caution in expressing a positive opinion in cases marked by similar symptoms, and may, therefore, prove useful in practice.

We are indebted to Dr. Robert W. Foss, resident clinical assistant, for the following notes:—

G. T. F——, aged forty-two, joiner, became an out-patient of this hospital on July 2nd, 1869. He was then complaining of shortness of breath, and slight dry cough, together with pain in the right hypochondrium; but there were no physical signs of chest disease.

On September 28th, he was admitted an in-patient, when he stated that for the last three weeks he had been suffering from great languor, debility, and loss of appetite; but that he had no pain anywhere. His tongue was furred and white, but moist; there was a slight tendency to diarrhœa; the pulse was 120. The mind was confused; there was great prostration; the skin was hot and dry, and there was altogether the general appearance of typhoid, without, however, the dry tongue and the typhoid diarrhœa. He was deaf, and had been so for the last three weeks. There was some harsh breathing under the right clavicle, and pain on pressure over the hepatic region. He was ordered a mixture of chlorate of potash and dilute hydrochloric acid, with port wine and abundant nourishment.

The patient continued in much the same condition till the 9th of October, when he began to suffer from oppression of breathing; the prostration was increased; there were delirium at night, and illusions during the day. The pulse was 120; tongue slightly dry; anorexia; bowels regular; borborygmi; abdomen slightly tympanitic. The physical examination of the chest revealed slightly tubular breathing, with fine crepitation under the right clavicle; also some scattered clicks under the left clavicle. There was no dulness on either side. From these facts Dr. Cotton now diagnosed that the patient was suffering, not, as had been all along supposed, from typhoid fever, but from acute pulmonary tuberculosis, which was subsequently verified. On the 11th the general symptoms were the same. The stethoscope showed large crepitation at the apex, and all over the anterior surface of the left lung; also some crepitation on the right side. On the 13th profuse diarrhœa set in, the dyspnœa was much greater, and there were audible rhonchi in the throat. The pulse was 130, full and compressible. He was completely prostrate; face very much congested; mind very confused and wandering; still deaf. He said he had no pain. He was ordered poultices to be constantly applied to the chest; to have ammonia and senega mixture; hot bottles to his feet. The stimulants and nourishment were increased; but he gradually sank, and expired early next morning.

His temperature in the axilla was taken from Oct. 6th to the 11th, and was as follows:—Oct. 6th: Even., 100·4°. 7th: Morn., 104·2°; even., 103·2°. 8th: Morn., 101·1°; even., 104°. 9th: Morn., 103·2°; even., 103·4°. 10th: Morn., 102·2°; even., 103·4°. 11th: Morn., 102·4°; even., 103·1°.

Autopsy.—The lungs, on being removed from the thorax, felt exactly like bags filled with small seeds. The left lung, on section, showed the whole of its substance studded with miliary tubercles, some isolated, and some grouping themselves together, none being larger than a coriander seed; there were quite a hundred in each square inch of divided lung, roughly estimated. The right lung presented some slight adhesions at the base, and section of it showed exactly the same appearance as that of the left lung, being completely studded with miliary tubercles. At the apex there were two masses of old cheesy tubercle, not larger than a small marble. There was also some hypostatic congestion at the base of this lung. The heart was normal. Several small tubercles were found in the liver, and also in the kidneys. The small intestines were very much congested in patches, including two or three inches of the whole circumference of the tube. Peyer's patches were normal. The brain was examined, but nothing beyond an excess of bloody points after section of the centrum ovale was seen. The lymphatic glands were normal.

Provincial Hospital Reports.

LIVERPOOL WORKHOUSE HOSPITAL.

CASES ILLUSTRATING THE EMPLOYMENT OF CHLORAL HYDRATE IN DELIRIUM TREMENS.

(Under the care of Mr. J. H. BARNES.)

IN considering the history of these ten cases, it will be at once evident that chloral, like most other remedies, varies very considerably in its action with various constitutions. While in one case thirty grains were sufficient to compose and give a night's sleep to a most excited and sleepless patient, in another case seventy grains produced no effect,

while in yet another ninety grains procured a sleep of only two hours' duration. In all the cases where it was effectual in its operation, sleep was produced very rapidly, ranging from a period of fifteen minutes to two hours. In none of the cases was there that perfect composure and firmness of muscle noticeable after the sleep procured by half-ounce doses of the tincture of digitalis. In most of the cases slight congestion of the eye and face, and slight perspiration, were visible; while there was an absence of any disturbance at all attributable to the drug. Ten to twenty grain doses have been advocated as sufficient for delirium tremens cases, but from his own experience Mr. Barnes is disposed to consider sixty grains the minimum dose, and that any sleep that may have occurred after the smaller doses must have been simply that which so frequently comes to the relief of this class of patients *without* the aid of medicaments.

In this remedy, though we have not an altogether perfectly reliable agent, we have one, as far as experience points, capable of procuring, in *most* cases, a very *rapid* and *peaceful* state of sleep, and capable of administration without trouble or danger in exact definite quantities.

CASE 1.—J. F——, aged forty-seven, was found in the rigging of a ship in the Queen's Dock, and was with the greatest difficulty got down. He was excited and raving. On October 22nd, at 2.10 P.M., seventy grains of chloral were given, but produced not the slightest effect. Being still violent and noisy on the 23rd, he was given four drachms of tincture of digitalis at 12 P.M.; fell asleep in half an hour, and slept more or less the whole night. On awaking he was quiet and rational.

CASE 2.—J. B——, aged twenty-eight, a barman, said to have been drinking heavily, was admitted Oct. 22nd, in an excited condition; would not keep in bed. He was given, at 2 P.M., sixty grains of chloral. Slept at 9 A.M. on the 23rd, and was quiet till noon. Another sixty grains of chloral was given at 3 P.M. Patient fell asleep at 3.15, and awoke at 4.45. He was quiet all night. On examination next morning there were evidences of typhus, and patient was sent to the Fever Hospital.

CASE 3.—J. J——, aged thirty-nine, was excited and restless; would not keep in bed, being under the impression that people were going to injure him; tremulous and weak. On October 23rd, at 2.10 P.M., he was given sixty grains of chloral; was slightly affected, but did not sleep. At 8 P.M. sixty grains more were given; he then fell asleep at 8.35, and slept till 6 the following morning; awoke rather excited, but slept again till 9 A.M., when he awoke rational and quiet.

CASE 4.—R. B——, aged forty, admitted in an excited state, it taking five persons to control him, as he was not only violent, but very large and muscular. On Oct. 31st he was given sixty grains of chloral at 1.40 P.M.; fell asleep at 2, and slept till 4, when he awoke excited. He vomited the first thing the next morning, and once afterwards. On the 2nd November, at 2.15, ninety grains of chloral were administered, which caused him to sleep in fifteen minutes, the sleep lasting two hours, and being followed by another shorter sleep. While asleep, his breathing was as placid as an infant's; the eyelids could be raised with the finger, and the pupils were seen to be contracted; on placing the finger between the lids there was spasmodic contraction. Face flushed.

CASE 5.—W. J——, aged thirty-seven, was admitted, and during the whole of the first night would not keep in bed, but was greatly excited. On Nov. 7th he was given eighty grains of chloral. Patient went to sleep in fifteen minutes, and slept all night. On the 8th he was quiet and rational.

CASE 6.—M. M——, aged thirty-eight, admitted to the asylum on September 28th, 1869, for third attack of delirium tremens within a short time. Patient was pale, restless, and excited, did not sleep the whole night, or keep his bed; tremulous, with a pulse of 130 per minute. On the 29th he was given thirty grains of chloral in half an ounce of water. He had a quiet night, and was rational and composed next day.

CASE 7.—T. K——, aged thirty, was sleepless and very excited, with a pulse at 136. Kept making efforts to escape, under the delusion that people were trying to injure him. On Sept. 30th he was given twenty-five grains of chloral, which produced no effect. On Oct. 1st forty grains more were administered, which quickly induced sleep, lasting the night through. After the dose, the patient's face was flushed, and the body moist. There was no sickness, and on awaking he had acquired calmness and consciousness, but was slightly tremulous.

CASE 8.—M. G——, aged twenty-four, admitted Oct. 9th, 1869, in a violent and excited state; would not keep in bed. Forty grains of chloral were administered in water, which rendered the patient quieter, producing a flushed face and perspiration, but no sleep. On the 11th he was given sixty grains of chloral at 2 P.M. He fell asleep at 3 P.M., and awoke at 6 P.M., sleeping again from 2 A.M. till 4 A.M. The face and eyes were congested, and the patient, on awaking, was noisy and excited. On the 12th, sixty grains more of chloral were administered at 12.40 P.M., sleep supervening at 2.40 P.M., and lasting some three hours. Patient was still excited and noisy on awaking, but gradually became quieter, and was discharged well.

CASE 9.—E. P——, aged twenty-four, was admitted on October 21st, at 6 A.M., in a very excited and restless condition; struggled violently with the attendants, under the impression that they and others were going to kill him. At 1.30 P.M., sixty grains of chloral were given, and he fell asleep at 1.55 P.M., woke at 3.45 P.M., slept again at 5.10 P.M., and was asleep most of the night. There was slight perspiration and flushing of the eyes and face, but no sickness.

CASE 10.—J. M. D——, aged thirty-five, was admitted on Oct. 21st, sleepless, excited, and very shaky. At 2 P.M., sixty grains of chloral were given. Sleep commenced at 2.30, and with slight intervals continued all the afternoon and night. On the 27th, not having slept well the previous night, patient took sixty grains of chloral at 8 P.M. He fell asleep at 10 P.M., and awoke at 5 A.M. There was no sickness, flushing of the face, or perspiration.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 12TH.

MR. ERICHSEN IN THE CHAIR.

DR. HENRY THOMPSON communicated a case of Ascites successfully treated by Copaiba. G. W——, aged sixty, was admitted into hospital under Dr. Thompson's care, on November 30th, 1868, with ascites, puffy ankles, pulmonary œdema, and scanty urine without albumen. His health had been good till July, 1868. During the following three months various remedies were employed, quinine and iron amongst others; but his condition became worse and worse, the increase of liquid in the peritoneum being so rapid that paracentesis was three times required. In March, the administration of copaiba was commenced, the dose being gradually increased until fifteen minims were taken every six hours. The improvement was immediate. The quantity of urine increased from fourteen ounces daily to several pints, and the belly measurement diminished from day to day. He left the hospital convalescent on May 10th, and is now in good health. In his comment on this case, Dr. Thompson pointed out that, although the quinine and iron may have contributed to the result, yet improvement commenced before they were given, and he considered that the copaiba acted beneficially as a diuretic.

The TREASURER also communicated two cases of Ascites, with Albuminuria, similarly treated by Dr. Liveing. In one of these cases the ascites was associated with anasarca of the lower half of the body; in the other there was no anasarca. Both patients had been ill for several months. Here, as in Dr. Thompson's case, the beneficial action of the remedy (which was given alone) manifested itself in increased discharge of urine, and diminution of the ascites and dropsy. Both patients left the hospital with albuminous urine, but otherwise well.

Dr. CLAPTON commenced the discussion by remarking that in one case that came under his observation a large number of copaiba capsules were taken with good effect. His experience of the drug in cases of this kind, however, went to prove that it only acted occasionally as a diuretic, and that the results were not usually satisfactory.

Mr. ERICHSEN was disposed to doubt the value of copaiba as a diuretic, but had no experience of its effects except in cases of gonorrhœa.

After some general remarks from Dr. F. Simms and Dr. R. D. Powell,

Dr. GREENHOW said that in Dr. Thompson's case, which had some time previously been under his care, quinine and iron had been given without any good effect; that, according to his belief, the copaiba treatment is least useful in cases of ascites dependent upon heart disease, and most useful in hepatic maladies. He supported this opinion by reading a successful case, and stated his conviction that copaiba acted decidedly as a diuretic.

Mr. J. J. H. BARTLETT described a case of Hereditary Syphilis appearing after Vaccination, complicated with Paralysis of both Arms. The case appeared to be one of those in which the vaccinal fever raised the disease into activity, which, though present in the system, was dormant. The paralysis was not simply infantile, but was most likely caused by some deposit high up on the spinal cord and on its membranes; and the lesion pressed almost equally on both halves, as both arms were affected. The cases in which paralysis occurs in hereditary syphilis are very rare; for none such are mentioned in their works by Diday or Lancereaux.

Mr. BARWELL related a case in which a suspicious eruption occurred, attributed to vaccination. In this instance, however, there was no suspicion of hereditary syphilis; and it was proved that six other children had received vaccine from the same source without ill effects.

Dr. CHOLMELEY remarked that age had much to do with the propagation of unhealthy material of vaccination; but that one instance only is on record in which a syphilitic eruption was produced by vaccine matter.

Mr. CALLENDER brought before the Society the history of a case in which Colotomy was performed for the relief of Cancer of the Rectum, which illustrated the advantages gained by opening the colon in cases of this nature, and tended to confirm the statements made by Mr. Curling in the various communications in which he has advocated the operation. The patient, after suffering from symptoms of cancer of the lower bowel, was suddenly unable to pass fæces, and the descending colon was at once opened, with great relief of the urgent symptoms, and with entire removal of the great local pain from which the patient had continuously suffered. Two months after the operation he was quite convalescent. The discomfort from the artificial anus is practically none.

Mr. ERICHSEN said that this operation had been performed in Paris with great success, and with very good results. It was also particularly recommendable in cases where intense pain existed, on account of the passage of fæces over the ulcerated surface of a cancer of the rectum, but that the operation was more difficult, because the bowel was not distended. In cases of imperforate anus in children the operation was useful; and a very successful case of this kind occurred in Mexico, in which the opening in the lumbar region was covered by a spring truss, to the perfect comfort and health of the patient.

A Member remarked that colotomy had been performed by Mr. Curling without chloroform, to save the risk of vomiting.

Mr. COOPER FORSTER had performed the operation four or five times. He once experienced some difficulty by having made his incision immediately over the diseased structures, but had always made the vertical incision; and considered that in cases of imperforate anus the opening should be invariably made in the groin, rather than in the lumbar region.

After some remarks from the Chairman, Mr. Barwell, and Mr. Moore, in which Mr. Hilton's name was conspicuously connected with the operation,

Mr. CHRISTOPHER HEATH remarked that the steady injection of the colon with water was an important matter, as it made the operation easier, safer, and cleaner.

Some remarks were then made by Mr. Cooper Forster, Dr. Burdon-Sanderson, and others, respecting the antiperistaltic movements of the intestines, in the course of which Dr. J. E. Pollock explained Dr. Brinton's views on peristaltic action, and deduced therefrom that this action should be restrained in these cases by the administration of opium.

Mr. HENRY ARNOTT related a case tending to show the superiority of the vertical over the transverse incision.

Mr. CALLENDER closed an interesting discussion by saying that in all the operations performed at St. Bartholomew's Hospital an oblique incision was made, because it appeared to give more working room; and remarked that, when the outer border of the quadratus lumborum was reached, the bowel might be easily found.

THE MEDICAL TEACHERS' ASSOCIATION.

THE Annual Meeting of this Association was held on Friday, the 19th inst., Mr. de Morgan, Vice-president (in the unavoidable absence of the president, Sir Wm. Jenner, Bart.), in the chair. The routine business consisted in the election of officers and council, Dr. W. Allen Miller being elected President, Dr. Sibson treasurer, and Messrs. Rivington and Henry Power honorary secretaries, for the ensuing year.

The Treasurer presented his Report, showing that the subscriptions did not cover the expenses of printing the Report on Medical Education, &c., and it was resolved to raise the subscription from five to ten shillings.

The subjoined Report of the Council was then discussed, and after some modification adopted in the form in which it now appears:—

"At a general meeting of the Medical Teachers' Association, held March 19th, 1869, the following resolution was adopted:

"That it be referred to the Council of the Medical Teachers' Association to consider and report upon the amount and kind of practical clinical work in the wards of a hospital, and the number of cases of midwifery which every medical student should be required to have undertaken before presenting himself for the final examination for the qualification to practise all the branches of the medical profession which has been recommended in the Report of the Association recently issued; and further to consider and report on the times and methods of testing him practically in the subjects of the final examination.

"In reply to this reference the Council report as follows:—

"1. That it is expedient that every student should be required to act alternately in the medical and surgical wards, or out-patients' rooms, as clinical clerk, dresser, or member of a class receiving special clinical instruction during the whole time between his second and final examinations,—the time given to medicine and surgery being equal.

"2. That every student should have attended twenty cases of midwifery before presenting himself for the final examinations.

"3. That the clinical knowledge of every student should be tested from time to time upon both medical and surgical cases in the wards or amongst out-patients of the hospitals.

"4. That it be urged upon the examining bodies to make the clinical examination of candidates for their diplomas a primary and essential part of their examinations; and that no candidate for a diploma should be admitted to the final written and oral examinations until he has been certified by recognised examiners to have passed this clinical examination."

The honorary secretary, Mr. Rivington, presented a brief report from the Committee appointed to watch the proceedings of the General Medical Council in reference to medical education, and the meeting then adjourned.

IRISH MEDICAL STUDENTS.—It is stated that in nearly every one of the anatomical schools in Dublin the classes are larger than for many years past; the number of new entries, or first-year's students, like those in this metropolis, is especially large, and among them is a lady student, who is attending lectures, &c., at Dr. Steevens' Hospital, who intends to apply for admission to the Preliminary Examination at the Royal College of Surgeons of Ireland.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 27, 1869.

THE Treasurer of St. Bartholomew's has made his statement; but the governors, who, under their Royal President, expressed themselves so satisfied therewith, will be grievously deceived if they think that the public and the profession will accept their verdict. A very large portion of the speech of Mr. FOSTER WHITE was taken up by rebutting charges which have never been made. We never heard it stated that this noble institution was "a sham." No one, to our knowledge, and certainly no one in our columns, has taxed Mr. FOSTER WHITE with personal dishonesty. We frankly accept his statement that he performs his onerous duties out of pure love, though we do not think that this should be urged specially as any recommendation to our favour, or as any reason why maladministration should be justified. Ambitious of power he may be, and few will doubt his energy and strength of will; but the position we have taken is that the functions of treasurer and executive officer ought not to be combined in the person of the same officer, and that other than civil qualifications are required for the government of a Royal hospital, and the development of the school of medicine which is associated therewith. Nor is it true that any proposal has been made "to split his office between two gentlemen, each of whom should receive £1000 a year;" and it was therefore unnecessary to take credit for having saved the hospital those salaries for fifteen years. We have consistently advocated the appointment of a Medical Director, like the one at Guy's, and the one also recommended by the staff of St. Thomas's; and there are the same valid arguments for a similar appointment at St. Bartholomew's. Mr. FOSTER WHITE'S unfitness for the post he occupies is admitted by the blame to which he voluntarily submits. Thus, with respect to the ophthalmic department, he said: "I take blame to myself for having hesitated for some years to adopt the recommendations of the staff. I was of opinion that the hospital was instituted for the treatment of 'bodily complaints'; and I felt a difficulty in placing diseases of the eye in that category." We should like to know what Mr. FOSTER WHITE would call them. Are they diseases of the soul? Nor did Mr. FOSTER WHITE dare to take the credit of the relief which had been afforded to the nurses by the employment of scrubbers, a course which he acknowledged had been forced upon him by the perseverance of two of the House Committee. He justified his opposition to these and other improvements on the ground of their expense; but that he opposed them cannot be denied, and that the opposition was felt by the medical staff to be unreasonable is shown by the excuse they are compelled to offer for him. "We have felt bound to believe," say they, "that there have been good reasons for delay, whenever delay has occurred in the fulfilment of any plan we have submitted to you, and we may not have adequately seen the difficulties." Notwithstanding the Treasurer's long and clever speech, judgment is permitted to go against the management of the hospital by default. The allegations against the nurses' rooms were admitted to be true, with respect at least to three of them; and the first resolution, proposed by Mr. FOSTER WHITE himself, was directed to a remedy—"The House Committee is requested to inquire into and report what measures can be adopted for the purpose of providing better sleeping accommodation for the nurses."

Nor were the unsatisfactory arrangements for the casualty patients denied. Mr. FOSTER WHITE stated that four house-physicians had been appointed to do the work of one, because it was felt that so large a number of patients could not again be properly attended to by any other man than the late apothecary, who was, moreover, assisted by a second officer of great experience. But this is not the point. The question is, whether the present staff is adequate—whether the work is well done and utilised as fully as possible for the advantage of the students? The evidence adduced by Mr. WHITE himself was quite conclusive. One house-physician stated, in answer to his inquiry whether he found any practical difficulty in carrying out the duty, that he found none that he was not prepared for; but that it was a great point to attain the power of seeing patients rapidly—that it required practice to do so without making mistakes; and he recommended that the casualty work should never be thrown into the hands of new officers without the retention of some experienced men. The other house-physician gave the very equivocal answer that he found no practical difficulty which prevented the examination of *every* patient who *appeared* to require examination—a description which surely justifies the observation that a doubtful dose of medicine might easily be given. Furthermore, the staff admit the difficulty, and the Treasurer himself is obliged to state that the new officers now employed in this department "have no heart in their duty," which, after having at first declined, they accepted under pressure from the staff. A resolution, referring this question also to the House Committee for report, is, however, the best justification for the Report and statements we have been called upon to make.

But what we complain of most is the entire absence, both in the statement of the treasurer and in the letter of the staff, of any reference whatever to the main deficiency. Not one word is said of any necessity for increasing the staff itself. The word "out-patient" was never mentioned. Nothing was said of the labour thrust improperly on the assistant-physicians. The creation of special departments for the skin, for children, for deformities, and for diseases of the ear necessarily increased the work; and yet the same staff are called upon to do it. No mention was made of the absence of any member of the staff qualified and authorised to operate in an emergent case; and whilst these important matters were totally ignored, an extraneous subject, never mentioned in any of the papers, was cleverly brought in, for the purpose, we can only believe, of throwing dust in the eyes of the governors, and of diverting the attention of the public from the main question. No one will deny the great value of a convalescent hospital; but depend upon it the public will not respond to an appeal for funds

unless they shall have a better guarantee of good management than Mr. FOSTER WHITE can give.

We are obliged to conclude that the meeting of governors has been little better than a sham. There was an evident intention to make things pleasant. No one cared or was authorised to disturb the proceedings by any unpleasant remarks on the statement made, or draw attention to the grave omissions we have noticed. The President, the Treasurer, and governors, who are all more or less deeply implicated in the charges made, have passed a verdict of approval on their own performances; and whilst we have no desire whatever to deprive them of the credit due for the improvements which have recently been effected, we still feel justified in reiterating the charge that, whilst great advances have been made in other hospitals, St. Bartholomew's has *comparatively* stood still. To be satisfactory, the inquiry ought to have been entirely independent; and we believe we are only expressing the sentiments of the public in hoping that a commission of inquiry will be moved for as soon as Parliament shall meet. These great Royal hospitals are the heritage of the poor, who cannot protect themselves. They are public property; and it is due alike to the Royal President and the poorest patient in this land that the funds shall be economically and wisely administered for the relief of the immediate sufferers, and the teaching of the students who are to go forth as the future medical attendants of both rich and poor.

WE lately commented on the memorial in favour of an amendment of the Medical Act, addressed primarily to the General Medical Council, and shortly to be presented to one or two members of her Majesty's Government, at a time when it is known that the attention of the Government has been pointedly directed to the subject of medical reform. Nothing could be more strikingly satisfactory than this memorial. It was signed by nearly ten thousand practitioners, including the leading consulting practitioners of London and the provinces; and it stated with much clearness and good sense the most essential points of medical reform. Such a unanimity among medical men was refreshing and highly creditable. It showed a power before which a faulty Medical Council and inefficient or antiquated medical corporations were beginning to quake.

But it would seem that this memorial was not altogether unexceptionable. A practitioner in the Black Country has been so far left to himself as to take the sick clubs on terms which had been unanimously pronounced insufficient by the profession. This person's name was DEMPSEY,—not altogether unknown to our readers, for we have frequently expressed an opinion of Mr. DEMPSEY'S conduct in the sick club matter, and in regard to the employment of unqualified assistants. And Mr. DEMPSEY had signed the memorial.

We must now explain how an individual like Mr. DEMPSEY has endangered the goodly vessel of Medical Reform. At a meeting of the Birmingham promoters of the memorial, held a week ago, it was moved by Mr. SAMPSON GAMGEE, "That all the legally-qualified members of the medical profession present, and all those who had signed, or might hereafter sign, the Birmingham memorial, constitute a Medical Reform Union; and that the object of the Union be to reform the Medical Act on the basis of the principles embodied in the Birmingham memorial." Mr. MANLEY then rose, and said he was willing to second the resolution if Mr. DEMPSEY'S name were left out. This, of course, could not easily be done, and so a difficulty arose, and the meeting occupied most of its time in discussing Mr. DEMPSEY and his behaviour, and how he could be left out of the Medical Reform Union that is to be. The plan agreed upon ultimately was, on the motion of Dr. BALTHAZAR FOSTER, to "constitute a certain number of gentlemen into a Provisional Committee, with power to add to their number, for the purpose of forming a Medical Reform Union on the basis of the memorial, and that the Committee be empowered to enrol as members of the Union such members of the profession who have signed the memorial as they think fit."

We shall not be suspected of any sympathy with Mr. DEMPSEY. But we cannot help regretting that the reformers of Birmingham, who have put themselves at the head of what may be, if it is magnanimously led, a great movement, have allowed themselves to be diverted from their business to spend an evening in devising a circuitous, and not unobjectionable, method of denouncing Mr. DEMPSEY. Surely he could not abate the force or the respectability of a memorial signed by 9499 other practitioners. And surely there are other times and ways of denouncing Mr. DEMPSEY than by obstructing a great public movement, in which he figures most incidentally and infinitesimally. We hope that there will be no more of this, and that the Provisional Committee will straightway organise the Medical Reform Union. If they stop to institute inquiries into the personal character and the professional conduct of those who have signed, they will incur great suspicion and unpopularity, and we may bid farewell to all hopes of medical reform. Already this movement is damaged by the introduction of personalities, and in the accounts of the meeting in the local papers which reach us, the words "Professional Personalities" form a part of the heading of the report. We lament this; and it seems to us highly unfortunate that we cannot prosecute a great professional reform like this without stopping to debate personal questions. Only the enemies of medical reform and of the profession can get any satisfaction out of the meeting of the 20th inst.

A CORRESPONDENCE which has taken place in the leading daily journal respecting the Hospital for Women in Soho-square has opened up a subject of great interest and importance both to the public and the profession. An appeal asking for funds to defray the debt incurred in building the new wing of this hospital, recently opened, was answered by "A Sister of Charity," who stated that she knew of a lady admitted to these "paying wards" who had been charged six guineas a week; very sensibly urging that such a sum was not adapted to "ladies in straitened circumstances"—the professed objects of the new wing,—nor were those able to pay it proper objects for a charity at all.

The Chairman, in his reply, denied *in toto* the statement that six guineas had ever been received from any patient, three and a half guineas representing the best accommodation the hospital affords; and urged the great benefit this institution conferred.

The question of the admission of patients to hospitals is viewed very differently by different sections of the profession. The bulk of general practitioners among the better classes regard hospitals very often as little better than implements of robbery, since their respectable patients are admitted, cared for, and attended by leading practitioners, without cost, whilst fully able themselves to defray the expenses of ordinary medical attendance. Hospital physicians and surgeons, on the other hand, know that the serious complaints or operations for which these patients come under their care require not merely skilful treatment, for which in the ordinary course of things high fees must in fairness be demanded, but long and careful nursing and special diet, all of which entail very considerable expense. It becomes then very often a question whether the medical attendant shall halve his fee, in order to leave some means for the payment of nurse &c., or whether he shall abandon his fee altogether, and save himself trouble and anxiety by admitting the patient to an hospital with all its appliances at hand, trusting that the benevolent feeling of the patient or his friends will not allow the funds of the charity to be without some recompense. Another alternative seems to be provided by the plan adopted in Soho-square, and we believe to a very limited extent also in a few other London hospitals. The patient is called upon to pay for his or her residence in hospital according to the accommodation and privacy obtained, this money going entirely to the charity, and in no respect benefiting the physician or surgeon who has care of the case. There is still one other variety of arrangement, and that is where a patient on entrance gives a sum to be divided between the charity and the medical officer; this practice obtaining, so far as we know, in but one institution.

The feature of payment to a charity is not a new one, for at the "Hospital for Ladies" in Harley-street, the practice has existed from the foundation, the officers being purely honorary. Nor is the practice of persons not in affluent circumstances preferring hospital to home attendance a peculiarity of this country only—witness the numerous *maisons de santé* in Paris, and the similar institution in Dublin. The public of course desires to get the best, or what they think the best, advice in their sufferings, and prefer in important operations to resort to those whom, from their public repute (gained no doubt, in part, by their connexion with an hospital), they believe to be masters in their art. If the sufferer is a man of wealth no difficulty besets him, but if of limited income, with the welfare of others depending upon his restoration to health, he may, perhaps, be pardoned for preferring to put his pride in his pocket, and go into an hospital with or without payment, rather than impoverish those dear to him by remaining at home. The question really is one for the lay governors of our charities to decide, and we venture to suggest a few ideas upon the subject.

No person above the condition of a pauper ought to be admitted into an institution supported by charity without an independent investigation into his or her circumstances by an officer appointed for the purpose. The hospital physician or surgeon is generally quite ignorant of the status of his patient, and knows only that it is a suitable case of disease for admission to hospital. It is impossible for him to chaffer with the patient as to whether he can or cannot afford a fee smaller than that which the surgeon's position entitles him to demand for private attendance, nor can he altogether refuse the case if, as often happens, it is recommended to him by a professional brother. The authorities of the charity should appraise the circumstances of the patient, and fix the sum he should pay, and this sum we strongly maintain ought not to go entirely to the funds of the charity, but should be divided between it and a fund for the benefit of the entire medical staff; so that the juniors, who have, in some sense, been deprived of the case as a private patient, may gain some benefit from the reputation of their seniors.

FOR the first time in the history of the Poor-law Board, that mysteriously constituted authority has been brought to book. Arraigned with the guardians of St. Pancras before the Coroner's Court, it has been convicted of being jointly responsible with them for the deaths which have taken place in the suffocating wards of that now notorious workhouse. Hitherto the Poor-law Board has been permitted to shroud its responsibilities beneath the cloak of ministerial dignity. It has steadily refused to render account to any other tribunal than the House of Commons, where, under one excuse or other, it has been able successfully to resist the loose and general charges which much too rarely have been brought against it. And now it is only because the Coroner, stepping for the first time behind the ranks of parochial officials, has ventured to summon the inspectors of the Poor-law Board, that the public have been clearly informed of what that Board and its inspectors really are. The Coroner deserves the thanks of the whole community for the perseverance and thoroughness of the investigation he has made. The verdict—"That the wards of the St. Pancras Infirmary have been overcrowded for the last three years,"—and the expression of regret "that the Poor-law Board have not enforced the sanitary measures which they have from time to time recommended to be carried out," have reduced those high officials to the standard of ordinary mortals, and fixed upon them a neglect of duty for which, if our machinery of Government be reasonably perfect, they will have to account at a future day.

To our readers the result of this investigation is neither new nor surprising. For years past we have denominated the inspectorial service a sham. We have pointed out the absurdity of expecting the guardians to attend to the advice of barristers and country gentlemen whose previous education had no reference to the opinions they were called upon to give. We have pointed out how carefully these reports have been ignored or shelved whenever they seemed to necessitate enforcement of the most ordinary rules of health. We have seen how the Poor-law Board has put the whole responsibility on the guardians and their officers, leaving them to bear the whole force of the public indigna-

tion for the disgraceful state of things which it has been our duty to expose. But retribution is at hand. We are sure that the verdict of the coroner's jury will afford an important starting-point for reform. Let the coroner pursue his investigations into the cases of starvation which occur so often outside the workhouse, and probe them to the same depth, and he will find a similar state of things. No one inspects the relieving officer, no one inspects the medical officer, and the system goes on as best it may. No wonder that people starve to death, and the sick are left to die, often with most imperfect help. The whole administration needs reform from top to bottom.

Medical Annotations.

"Ne quid nimis."

"A DOUBTFUL DOSE."

In the inimitable farce that was played on Monday last in the great hall at St. Bartholomew's, the principal performer inveighed with terrible vigour against the unknown person who "had dared to say that any officer of the hospital had administered 'a doubtful dose.' It was a libel on humanity to suppose that any physician could be such a monster; and he (the speaker) did not envy the man who made the accusation." We beg leave to refer Mr. White, and with him the general public, to a letter signed "An Old Bartholomew Student," which appeared in The Lancet for the 18th of September, and which has remained unchallenged. In that letter we read of a case of primary syphilis to which a house-physician, for the space of three weeks, administered "haustus ammoniæ acetatis;" and of an "urgent case of pleurisy with effusion sent up by a medical practitioner of good standing, and an old pupil of the hospital, and playfully treated with a little linctus." We need say no more in order to show how entirely the comments complained of were justified by facts, and how utterly without foundation was the complaint made against the writer from whom they proceeded.

While thus referring to the general character of the "brown jug" medication, we may mention a ludicrous account that has reached us of the bewildered astonishment and inextinguishable laughter of some French physicians who lately visited the hospital, and saw these magnificent utensils in full swing. Their description of the active women, with sleeves turned up, who deftly poured out and rapidly administered the nauseous potions, of the dismal faces of the patients, who were supplied like a crowd of excursionists at the bar of a railway refreshment room, and of the grimaces by which they testified to the qualities of the abominable drinks which they were called upon to swallow, was enough to make the cheeks of any Englishman burn with shame. There are many good and great works in which some ludicrous element may be seen if it is looked for. But at St. Bartholomew's Hospital, at least in the out-patient department, we fear the ludicrous is the only relief to the tragic; and that the mockery of treatment visible upon the surface is only too sure an indication of a deeper mockery of charity below.

PHARMACEUTISTS AND THE PHARMACY ACT.

Several letters have recently appeared in the daily press from members of the pharmaceutical body, complaining of the present working of the Pharmacy Act, simply because it does not tend to secure the particular interests of individuals. One correspondent is angry because it does not restrain his neighbour, a grocer, from selling carbonate of soda and other similar simples, and because it does not protect him against such a procedure.

The Pharmacy Act is a piece of legislation intended to benefit the public primarily, and also to raise the status of the chemist himself, so that the public might have reason to trust him with greater confidence; and this must ultimately lead to the forsaking of the grocer or the huckster for all that is needed in the way of drugs in favour of the duly-qualified chemist, even as regards the most commonplace wants. In proportion, however, as chemists are guided by such utter self-seeking as that which influences some of the correspondents to whom we refer, is the consummation of this desirable result retarded. Let them be sure that the better education and training which recent pharmaceutical legislation secures for the future will rapidly tell in the improvement of their position, and in regulating as they would desire their own trade interests. And whilst we are upon the subject of the Pharmacy Act, let us remark that no legislation can absolutely prevent accident or the misuse of poisons. The restrictions as to the sale of poisons could not frustrate the evil purposes of any respectable man or woman who is known personally to any seller of drugs. If, as suggested, no poison is to be sold save after prescription by a medical man, how can that prevent the criminality of the person who by such means obtains possession of a deadly drug? What the Pharmacy Act has done, and we speak on good authority, is to considerably diminish in some districts the sale of remedies into whose composition opium and the like enter, by little shopkeepers, hucksters, and others. The law is, of course, still frequently evaded; but some impression for good is being made on the dissemination amongst the vicious and the ignorant of dangerous remedies. The wholesale houses who supply small shopkeepers can best tell to what extent this benefit has accrued. Lastly, there is a very general opinion gaining ground amongst those who were inclined to grumble at the institution of a stiff examination as the portal through which all are to enter the pharmaceutical calling, that it is bearing ample and satisfactory fruit.

MEDICAL EDUCATION.

We this week present our readers with two documents bearing upon the education of the medical practitioner of the future, but taken from opposite points of view: one, the report of the annual meeting of the Medical Teachers' Association; the other, a paper on the present system of medical education, read before a London Hospital Medical Society by a gentleman himself but lately a student. We are happy to note that in one essential both documents agree—namely, the necessity for frequent examinations by the teachers, both in the lecture theatre and the hospital wards; though the recommendations of the teachers will, if adopted by the examining boards, elevate the clinical study of medicine and surgery to a position which it has never yet attained. Sir William Jenner, the retiring President, when, taking the chair in January last, he delivered an address (The Lancet, Jan. 23rd), urged especially the duty of giving greater prominence to clinical work in all medical examinations; and the resolution carried last week was no doubt due in great part to the influence thus brought to bear upon the question. It is proposed that the clinical examination of candidates for a diploma should form a primary and essential part of the examination—i. e., that instead of the clinical examination being merely, as now, a make-weight following the written and *viva-voce* tests in the more purely scientific subjects, it should come first, and be the sole portal by which a candidate could gain

an opportunity to show his book-learning. If this can indeed be done, we shall have no fear for the future qualification as accurate clinical observers of the young men who too often now put off their real professional work until the examinations are all safely passed.

The highly creditable paper of Mr. Barnes will no doubt be read with interest both by students and teachers. We cordially agree with most of the points urged by the writer, but we must confess to have been startled at the table he has drawn up showing the variations in the number of lectures to be attended in the first and second years. Of course, these arise from the number of lectures per week on each subject being variable, though never below a certain standard—viz., four for anatomy, and three for other subjects. The difference between 1461 at University College and 793 at Westminster is certainly surprising; and it may be noted that three other schools,—viz., Guy's, St. Thomas's, and the London Hospital, have each the same number as Westminster in the first year, and therefore that the amount of the entrance fee has nothing to do with the *quantity* of the article supplied. The idea of attending 1461 lectures of one hour each in two years, or rather in eighteen months—for the sessions only last so long,—almost takes away one's breath, and will perhaps be better appreciated when we say they would occupy nearly 122 days of twelve working hours each, in the two years; or a sixth of the whole time! University College is peculiar, and perhaps fortunate, in having the three Professors who lecture on the winter subjects of the first and second years untrammeled by the cares of practice, and this may account for their devotion to their work; but we must confess we should like to know whether the resolution of the medical teachers would not tend to cut down a few superabundant lectures in all the schools, and so leave more time for what is, after all, the great object of a medical student—clinical study.

UNIVERSITY OF LONDON.

AT the first meeting of the Annual Committee of Convocation recently held, two or three matters of interest to the graduates of the University came up for discussion. The question of the probable date when the occupancy of the new building in Burlington-gardens would take place was mooted. There seems to be some fear that this may not be till the spring of 1871. The officials will be installed certainly before the next meeting of convocation, but no arrangements have as yet been made with regard to the furnishing of the building. For this purpose a grant must be obtained from Parliament; unless, therefore, an early vote on account can be secured, it must be late in the next session before it can be passed by the House of Commons. It is certain that the Board of Works will not sanction any step until Parliament has granted the money for the required furniture. We hope that Mr. Ayrton will not stand in the way of what is necessary to a fitting decoration of the interior of the building, such as will be in keeping with its handsome exterior. It is said that a large sum was put down in the estimates last year for this purpose by Mr. Layard, but that the Chancellor of the Exchequer did not then see his way clear to give it. One reason why the Government should be liberal is this, that the University is anxious to make the fullest use of its building, and to permit such gatherings to take place within its walls as will promote objects cognate to those of the University or conducive to the advance of science. Indeed, it has recently done so in reference to the holding of certain examinations. But the University will take care to permit no tenant right to be established; it will have complete control over the use of the building in every sense, and see that its own work is not interfered with. We believe that the Senate will be disposed to permit learned societies and the like to meet within its building, but with this stipulation, that the permission shall only be granted from year to year or from session to session: this, at any rate, is very liberal.

At the same Committee meeting a resolution of Convocation was brought up. It ran thus: "That it be referred to the Annual Committee to consider whether it would be conducive to the interests of the University to abolish the existing regulations restricting the admission to the examinations for medical degrees to the students of certain specific medical schools." This will be discussed at a subsequent meeting of the Committee; meanwhile the Clerk has been instructed to invite the proposer and seconder to state the grounds upon which this proposition is made. It so happens that the University recognises all the ordinary places of medical education, and is not at all exacting with regard to attendance on lectures. The Committee, as far as an opinion was expressed, failed to see the evils of the present system. This matter has been before the Senate repeatedly; and, if we are correctly informed, it places little value on lectures, but is strongly opposed to anything which would tend to do away with the necessity for compulsory attendance on hospital clinical work.

THE FARADAY MEMORIAL.

ALL lovers of science must regret to learn that the funds for the erection of a statue to the late Michael Faraday, in St. Paul's Cathedral, are not yet sufficient for the purpose. An announcement to this effect was made by Sir Roderick Murchison, at the reunion of the Royal Geographical Society, on Monday last. Sir Roderick reminded his audience of the public meeting at which, under the presidency of his Royal Highness the Prince of Wales, it was resolved to commemorate the illustrious *savant*,—a resolution which was ably and eloquently supported by M. Dumas, one of the perpetual secretaries of the Institute of France. He further reminded them that it was in the very theatre in which they were assembled that Faraday, for upwards of thirty years, was in the habit of unbending from his severer researches, and of at once delighting and interesting vast audiences by the masterly comprehensiveness, lucidity, and ease of his lectures. The boys and girls whom he was also accustomed to entertain at Christmas by his illustrations of chemistry and physics, and many of whom are now mature men and women, must also retain, not only admiration, but fondness for the genial philosopher's memory, and must be desirous of seeing it adequately perpetuated by the sculptor's art. To all such, and indeed to the nation at large, the appeal of Sir Roderick Murchison must come with irresistible force; and we trust that it will be followed by such additions to the subscription-list as will ensure the erection of a statue in St. Paul's Cathedral worthy alike of the great and good man it commemorates, and of the noble edifice in which it is placed.

"CUBIC SPACE FOR AIR A SPECIES OF MYTH!"

MR. JABEZ HOGG is well known in various departments of science, and we suppose that he would describe himself, by preference, as a many-sided man. Not even the fact, however, that he had attained the proud position of a "governor of Charing-cross Hospital" could have raised the suspicion that Mr. Jabez Hogg had any special acquaintance with sanitary science in general, or with hospital hygiene in particular. We were all deceived! Had it not been for the guardians of St. Pancras we should perhaps have never heard those utterances of

wisdom which will be a "precious possession" of science from henceforth. It is with earnest and even solemn feelings that we adjure all pretenders to hygienic eminence—whether their names be Simon, Parkes, Galton, or any other appellation reverenced by the unthinking herd—to listen to this *very new* gospel of ventilation, that "cubic space for air is a species of myth!"

After this utterance there is nothing to surprise us in the comparatively mild statement that the St. Pancras Infirmary "was in no worse condition in regard to its atmosphere than London hospitals generally." Mr. Hogg has an intellect superior to the weakness of believing in such mathematical fallacies as that two and two make four in the matter of stinks. Still, these are hard sayings; they are almost over-strong meat for the babes of science to digest. The carnal nose will be apt to sniff at them; the carnal stomach will assuredly revolt against them. But if we are anxious about the reception which such doctrines may meet with when delivered at first hand, we are still more apprehensive for their fate when coming from the mouth of willing but unchastened disciples. One of these eager persons—all aglow with the apostolic fire—is in the field already. We have not the slightest idea who "G. Clutterbuck," of 40, High-street, Camden Town, may be. But we should say that, to the irreverently inclined, there could hardly be presented a document more moving to unholy mirth than this gentleman's lately issued circular, in which he calculates what *might* happen if all the doors and windows and chimneys of the St. Pancras wards were always kept open.

Truly, a little knowledge is a dangerous thing. Of course we do not mean to apply this proverb to Mr. Hogg himself. But we confess to a curiosity to witness the interview in which Mr. Hogg will doubtless feel it necessary to explain to Mr. Clutterbuck that even paupers must not be ventilated by a method which will blow them out of window, or halfway up the chimney.

DR. ANDREW SMART.

THIS gentleman, who was one of the unsuccessful candidates for the Chair of Pathology in the University of Edinburgh, has received a copy of "resolutions" passed by the New York State Agricultural Society on October 14th, to the effect that the Society recognises "the learning, ability, and sagacity evinced by Dr. Smart in his investigation of the pathology of the rinderpest, particularly in his microscopic investigations of its lesions, and in the plan of treatment so judiciously recommended;" that the Society confers upon him its diploma for his valuable researches, and hopes he will succeed in his candidature; and that copies of the foregoing resolutions, under the Society's seal, be transmitted to Dr. Smart and to the Lord Provost of Edinburgh. This document, so gratifying to Dr. Smart, reached Edinburgh too late to affect the chances of his successful rival, Dr. Sanders; but we are glad to record this testimony to the scientific merits of a rising young pathologist.

MEDICAL CORONERS AND MEDICAL PRACTITIONERS.

IT is a most desirable and proper thing that the coronerships of the country should be held by medical men. But it is equally desirable that, when medical men become coroners, they should not use their position in a way inconsiderate or disrespectful to practitioners of medicine. Medical coroners sometimes irritate medical practitioners by parading their professional knowledge, or disparaging medical men or their evidence. At a recent inquest at Bailgate on a child scalded to death no medical evidence was called. But the coroner took the liberty of implying his surprise that the medical man first called in had declared that the child scalded was in no danger, because, said the coroner, learnedly, "if one-fifth of the body is burned or scalded it will cause death." We scarcely see what the coroner had to do with the prognosis of the medical man. But if he was bent on reflecting on this, the least he could have done was to call the practitioner in question as a witness, and hear his own account of the case. A coroner need not be a medical man to know how the words of medical men are distorted and misrepresented; but, being a medical man, he should have been the more unwilling to go out of his way to comment irrelevantly on language attributed, very likely wrongly, to one of his own profession.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON Tuesday evening Mr. John Marshall, F.R.S., presented to the Society a paper by Dr. Wilhelm Meyer, of Copenhagen, on "adenoid vegetations" in the posterior nares. The paper was very lengthy, but written in excellent English by the author, who has lately been visiting England, although he was not present at the meeting. At the conclusion of the reading only ten minutes remained for discussion; and these were consumed by Mr. Savory, Mr. T. Smith, and Mr. Christopher Heath, who generally concurred in thinking that the growths described were no more than enlargements of the natural glands and follicles of the mucous membrane of the region. Even if this be so, Dr. Meyer's paper had the merit of calling attention to a previously undescribed form of hypertrophy, to its effects upon the voice and hearing, and to the method by which it may be detected and cured.

THE CASE OF MARY ANN WRAGG.

WE learn, from the *Sheffield Daily Telegraph*, that the medical officer of the Public Hospital and Dispensary is authorised to order wine and other necessaries in urgent cases, but that this power is not set forth in the printed rules, and that Mr. Taylor, who has not long held office, had never been informed of it, and was not aware of its existence. It seems, therefore, that the poor girl Wragg may be said to have been sacrificed by accident. The guardians had a right to hesitate in giving the relief, especially under the circumstances set forth by the chairman in our last number; and Mr. Taylor, as will be seen from his letter, which we print elsewhere, was not conscious of the resources which were at his disposal. The case altogether is a very sad one; and its only bright side is the courage and humanity of Mr. Taylor himself. He has acted throughout in a manner worthy of the highest praise; and we trust that his conduct will be properly appreciated by the Sheffield public.

A HARDSHIP OF SCOTCH GRADUATES.

A CORRESPONDENT, "M. B. of Aberdeen," would like to direct Mr. Gordon's attention to the fact that Scotch graduates have to pay a lump fee of £1 before they can vote for a member of Parliament for their Universities. Strictly speaking, this fee is to be paid in order to be registered as members of the Council of the University, in which capacity they vote for the representative in Parliament. Our correspondent would like to know what becomes of the fee. It goes to pay the working expenses of the Council. Still it is rather hard that a graduate cannot vote without paying his pound. Perhaps he lives at an inconvenient distance from his University, and cannot take any part in its Council meetings. Naturally he does not care to be a member of the Council. And yet he cannot vote without disbursing twenty

shillings. This is paying dearly for a Parliamentary franchise. It is a grievous tax, which we hope Mr. Gordon will set about removing. The law designed the graduates to have votes as such, and not as members of the Council.

THE ROYAL ALBERT HOSPITAL, DEVONPORT.

THE dispute between the medical staff and the chairman of this institution has passed through another phase—that of an appeal to a general meeting of the governors on the 22nd inst. A motion was proposed referring the matters in dispute as regards the lock wards to a committee, but an amendment approving the action of the chairman and house committee was carried by a large majority. The discussion only brought out more prominently that the Admiralty, while liberally supporting the entire institution, is determined to have the whole control of the Government lock wards. We still regret that the power of committal and detention should be invested in one person, but we think the medical officers may safely leave the question of the liberty of the subject to the public and the press, and are not bound to immolate themselves on the altar of patriotism, or to sacrifice the civil portion of the institution in order to gratify their feelings of dislike to a Government official.

THE VACCINATION ACT IN YORK.

THE experience of the public prosecutor in the York Union shows how sensibly the people respond to the pressure put upon them to comply with this Act. By the issue of notices and the personal visit of the officer the number of uncertificated, or rather of unvaccinated, children has been immensely reduced. The prosecutor was only appointed in October, 1868. The return of January showed the births for eight months to be 1408. And no certificates had been received in 685 of these cases. Notices were sent or visits paid to the parents, and in the great majority of cases the law was complied with. Only in three cases was it necessary to summon the parents. One of the parties at once complied, and paid costs; the other two were heard before justices and fined—one of them has been fined a second time. The last return received from the district registrar in July, 1869, showed a considerable decrease of uncertificated cases. The number of births registered in six months was 1033. Of these, no certificates had been received in 328 cases. After notice of this, 215 had since been vaccinated; 25 were dead; 45 had left the union; 10 were unfit; 2 were insusceptible; 1 had had small-pox; *none had refused*; and of 30 remaining it was expected that they would be attended to within a fortnight. It is added, that certificates are often not sent in cases that have been vaccinated; owing sometimes to the fault of the parents, and sometimes to that of the private practitioners. Private practitioners have not been much considered by the authorities in this matter; but we urge them for the sake of the public and the reputation of vaccination to furnish certificates to parents. We should like to have been informed of the mortality from small-pox in the York Union.

THE LATE PROFESSOR PENNY.

THE Glasgow school has lost an able lecturer in Dr. Frederick Penny, Professor of Chemistry in the Andersonian University, who died on Monday evening, after a short illness. From a mere handful he raised the number of enrolments in the Chemical Classes of that institution to quite a little army; and the attendance at his popular course included as many as 541—"a number exceeding that which has ever been enrolled in any course of instruction in chemistry." Lecturing as he did in a great industrial centre, he contributed much to accelerate that movement for "technical education" which promises to convert the artisan's daily toil into something like an intellectual pursuit. In courts of law, in cases of disputed patents, and, above all, in trials for murder by poisoning, his knowledge and ingenuity were always in request; and few of our readers can fail to recollect his many admirable appearances in the witness-box, where, but for his clear and conclusive evidence, the ends of justice would not have been served. He made no great discoveries; but his loss as a lecturer, and as a most accurate, ingenious, and versatile chemist, will be universally deplored. He was only in his fifty-third year.

ST. PANCRAS CAPITULATES.

AT length the wretched strife and scandal at St. Pancras seem likely to turn to some practical use. If no other good be done by the numerous inquests and the frightful revelations as to the condition of the infirmary which they have elicited, they will at least have had the merit of rousing a public feeling which has proved irresistible on one point. Mr. Goschen would scarcely have dared, even had he wished, any longer to delay putting in force his whole powers of compulsion; and the guardians were at last probably sensible that it would be dangerous for them to attempt any further opposition. The new infirmary at Highgate is to be at once prepared for the reception of 170 sick, which it is supposed can be done in a fortnight; and some of the most obnoxious of the sick wards at the workhouse are not to be used for patients a day longer than is necessary.

PROMOTIONS FOR MERIT.

WE have much satisfaction in calling attention to the two following extracts from last Tuesday's *Gazette*, which will go far to assure the medical officers of the sister services that their exertions will not be overlooked by those in authority:—

General Order by his Royal Highness the Field-Marshal Commanding-in-Chief.

Her Majesty has been pleased to approve of the promotion of Staff Assistant-surgeon Robert Waters, M.D., to be a Staff-surgeon, in consideration of his highly meritorious service during the recent epidemic of cholera at the Gambia.

By command,
W. PAULET, Adjt.-Gen.

Admiralty, Nov. 20th.

Henry Nanton Murray Sedgwick, Esq., has this day been promoted to the rank of Surgeon in her Majesty's Fleet, with seniority of the 24th of September, 1869, the date of his passing for that rank. This is a special promotion for services rendered during the late Abyssinian campaign.

METROPOLITAN HEALTH OFFICERS' ASSOCIATION.

A REPORT by Dr. J. Northcote Vinen, honorary secretary to the above Association, recounting the proceedings of the session 1868-9, gives a short reference to the papers which were read at the usual monthly meetings during the year. The future also is foreshadowed to some extent; for we learn that among the papers to be contributed during the present session will be the following: From Robert Rawlinson, Esq., C.B., C.E., entitled "Town Sewers and House Drains in connexion with Sewer-drain and Water-closet Ventilation;" from Dr. R. Angus Smith, F.R.S., "On the Air of London;" and from Dr. Letheby, entitled "The Quality of the Water-supply of some of the large Cities and Towns of England in relation to their Sanitary Condition."

In these few lines we have exhausted the contents of the annual report of the associated medical officers of health of the metropolis. There is literally nothing more in it;

though we cannot refrain from thinking that it ought to yield, and might, without very great trouble or expense, be made to yield, information at once more interesting and more useful than it does under its present form.

CORONERS AND THEIR FAVOURITES.

MR. FIELDING, of Blandford, last week complained in our columns that an order to make a post-mortem in the case of one of his patients had been given by the coroner to another practitioner, Mr. Charles Ingram. It is very hard and wrong when a medical man has seen a patient during life that he should be superseded by another practitioner *post mortem*. Even if the medical men favoured by coroners are right in acting without protest, we cannot too severely condemn the practice of getting post-mortem, altogether dissociated from ante-mortem, evidence, or of importing into a case after death a stranger who knows nothing of the antecedent circumstances.

WEST OF ENGLAND SANATORIUM, OR CONVALESCENT HOME.

THE first annual general meeting of this institution took place at the Sanatorium at Weston-super-Mare on the 20th inst. The total number of cases received under treatment was 227, of whom 133 were perfectly restored to health, and 62 either greatly or partially benefited. The establishment of an institution of this character appears to have met an urgent want, and its successful administration is a subject for congratulation. The arrangements of the building have proved in every respect conducive to the comfort of the inmates and their restoration to health. The engineering difficulties in providing a sufficient fall for the ordinary system of drainage have been set aside by the introduction of Moule's dry-earth system, which has been found to work efficiently. The addition of glazed corridors has been proved to be of the greatest benefit, in enabling patients to obtain air and light, with recreation, in all weathers; and the garden, terrace, walks, and bathing arrangements, though necessarily costly, have contributed largely to the cheerfulness and cure of the patients. We are assured that the principle of not insisting on too rigid a separation of the male and female departments has, under the careful supervision of the lady superintendent, been found to work well, securing that which was primarily aimed at—the character of a home rather than of an hospital.

NORTH STAFFORDSHIRE MEDICAL SOCIETY.

THIS Society's annual meeting took place on Thursday, Nov. 18th, at the North Stafford Hotel, Stoke-on-Trent. The retiring President, Mr. R. Garner, delivered the annual address. Mr. John Alcock was elected President for the ensuing year; Mr. Garner, Vice-President; Mr. James Yates, Treasurer. Committee: Messrs. Acton, Folker, Greatrex, Spanton, and Weaver. Hon. Sec., Mr. J. M. Taylor. Six meetings have been held during the past year. The members now number five honorary, and twenty-six ordinary.

THE ILLNESS OF THE KING OF ITALY.

WE hear that the King has suffered from pleuro-pneumonia. Owing to the violence of the inflammation, the plethoric habit of the patient, and his mode of living, it was thought advisable to bleed him three times at short intervals; and, moreover, to apply a certain number of leeches. Between the seventh and eighth days of the attack the symptoms became very serious, and the prostration alarming. On the next day, however, some improvement was observed, and a general miliary eruption occurred. From this moment the King rallied, and a rapid recovery has taken place. At the very outset of the illness, Dr. Adams, physician-in-ordinary to his Majesty, called into consultation Professors Jedeli and Landi, from Pisa. Professor Cipriani, of Florence, was, moreover, desired by the President of the Council of Ministers to join in the consultations. These physicians attended the King for several days, and finally requested Professor Bruno, of Turin, to join them. His Majesty is now so far recovered as to be able to return to Florence.

DR. LIVINGSTONE.

"SATISFACTORY!" Such are the gratifying tidings just telegraphed by the Governor of Bombay to the Secretary of State for India as to the position of Dr. Livingstone. The great missionary explorer had written at Ujiji, on the 13th of May, 1869, a letter to the Governor of that presidency, the substance of which is expressed by the above adjective. The date of the letter shows Dr. Livingstone to have fulfilled his original intention of arriving at Ujiji some time in May of the present year—another proof of the clearness with which he maps out his course, and of the indomitable perseverance with which he adheres to it. It cannot but be a sustaining thought to him that his progress is watched at home with an almost brotherly anxiety, and that all Christendom is eagerly awaiting his return with the *spolia opima* of philanthropy and science.

THE WEST LONDON HOSPITAL.

WE understand that the West London Hospital is about to be considerably enlarged. House-building is going on at a rapid rate in the western districts of the metropolis, and Hammersmith has lately become an important centre of railway communication. Hence it happens that the demands which are made upon the hospital are greater than the existing amount of accommodation can meet. The Committee have therefore resolved to build a wing capable of containing fifty beds, and they hope at some future time to remove the present house altogether, and replace it by a building uniform with that which they are now about to erect. A large sum of money has already been collected, and it is probable that in the course of a year or two the resources of the hospital will be much greater than they now are.

A FACT FOR THE BRITISH ANTI-VACCINATIONISTS.

OUR contemporary, the *Athenæum*, draws timely attention to the fact that the Native Association of Bombay has withdrawn its opposition to the Government Bill for making vaccination compulsory in that presidency. Let us hope that the enemies of compulsory vaccination in this country will be shamed by this fact into a discontinuance of their opposition to a most wise and beneficent act, which hurts none but members of the medical profession. We wish we could believe that there was any chance of this. But the nonsense talked by the Anti-Vaccination League is so arrant and absolute that we can scarcely do so. What we do hope, however, is that this nonsense will not seriously influence the counsels of the nation. Surely legislation is not to be based on the prejudices of the least-informed and the most ignorant.

MEDICAL OFFICERS OF HEALTH IN WORKHOUSES.

AT the inquest at St. Pancras, Mr. Corbett is reported to have stated that a district medical officer of health would have power over a workhouse for sanitary purposes.

This is not the fact. Some years ago, on the occurrence of an epidemic fever in the Holborn Workhouse, Dr. Gibbon, the officer of health, attempted to enforce this right. The guardians objected, and referred the matter to the Poor-law Board, when it determined that the officer of health had no jurisdiction within the workhouse, and that the medical officer and Poor-law inspector were the only officers authorised to act in sanitary affairs. This has been frequently used by us as an argument in favour of the appointment of medical inspectors.

THE ARCHBISHOP OF CANTERBURY.

THE bulletins which have been issued daily respecting the health of the Archbishop of Canterbury have given rise to apprehensions which we regret it is not in our power to allay. Without entering into details, which it would be inexpedient to publish, we have authority to state that the condition of his Grace must be considered, immediately or prospectively, a very serious one.

RELAPSING FEVER.

A PAPER on this, at present important, topic will be read by Dr. Broadbent at the meeting of the Harveian Society of London, to be held on Thursday next, the 2nd December. Dr. Broadbent's connexion with the Fever Hospital, apart from the fact of his own clinical acumen, will secure for his audience an account of the disease well worth hearing.

MR. GORDON, M.P. FOR THE GLASGOW AND ABERDEEN UNIVERSITIES.

FIVE HUNDRED AND FOUR was the majority by which Mr. Gordon, Q.C., was returned for this constituency over his antagonist, Mr. Smith. The medical votes are understood to have chiefly contributed to this significant result. To the profession it was of minor importance whether Mr. Gordon was Conservative, or Mr. Smith Liberal, so long as it was satisfied that medical interests had an intelligent and devoted advocate in the former, and an ill-informed or lukewarm representative in the latter. As we have already intimated, the constituency is, in the main, Liberal; and the majority of voters are medical. But the fact that Mr. Smith had no clear views on medical questions, and that his opponent had, was sufficient to turn the scale against him. In the absence of direct representation, the profession may congratulate itself that, through the Scottish Universities in particular, it has an effective means of bringing its views and claims under the notice of Parliament.

DR. RICORD.

THIS distinguished specialist has received a gratifying mark of imperial favour. Like M. Nélaton he has been made a Senator. The honour of being admitted to the legislature is more frequently attained by foreign surgeons and physicians than by British ones. Virchow, the Prussian pathologist, is another instance of high professional merit being rewarded by a seat in the Upper Chamber. These marks of royal or imperial favour are as judicious as they are generous. The presence of able and experienced medical men in the legislative body cannot fail to contribute to the completeness and maturity of its counsels; and in these days especially, when sanitary and poor-law questions are everywhere in the foreground, such an auxiliary to thorough legislation must have an almost unique value.

THE PATHOLOGIST OF EDINBURGH INFIRMARY.

DR. J. B. PETTIGREW has been unanimously elected Pathologist to the Edinburgh Infirmary by the managers; and that institution may be congratulated on having among its medical officers a gentleman who has made substantial contributions to science at an age when it is much to have given promise of so doing. While the infirmary has gained a new light, it has retained an old one. Mr. Syme, we are glad to hear, continues, as a consulting surgeon, to enhance the attractiveness of the institution.

THE governors of the Lock Hospital, at a meeting held on the 18th instant, elected Mr. Alfred Cooper, F.R.C.S., surgeon to the out-patients. There were six candidates in all for the vacancy.

THERE was a very high rate of mortality in London last week. It was 31 per 1000, while the rate in thirteen other large towns in the United Kingdom was 30. The births registered in the metropolis were 2185, and the deaths 1859. The latter exceeded by 293 the estimated number, and were 170 higher than those of the previous week. Scarlet fever was not quite so fatal as in the preceding seven days, the greatest mortality having been amongst the aged.

THE University Court of Edinburgh has recognised the lectures of Professor Huxley on Natural History, delivered in London, as qualifying for graduation in Medicine at the University.

THE honour of knighthood conferred upon Mr. William Fothergill Cooke, which is announced in the *Gazette* of Tuesday last, was recommended to Her Majesty as a recognition of Sir William's great and special services in connexion with the practical introduction of the electric telegraph.

IT was believed that Mr. Grant Duff would allow himself to be put in nomination a second time for the Lord Rectorship of Aberdeen University. It seems, however, that since Sir William Stirling-Maxwell has been mentioned as likely to solicit the honour, Mr. Grant Duff will retire from the contest, on the ground that, except in politics, he would not court a comparison between Sir W. Stirling-Maxwell and himself. Without striking the balance of merit between these gentlemen, we may congratulate the University of Aberdeen on having two such candidates to choose from.

THE District Auditor of the Cambridge Union has surcharged the guardians with the payments of £1 13s. 6d. and £1 10s., made to the medical officer of the First District, for the supply of bandages, &c. The auditor contends that such payments cannot be allowed as extra-medical, and that the articles in question are included in the contract, which states that the medical officer is to find everything for the treatment of diseases and accidents. The guardians, on the other hand, contend that bandages are included in such contract, and appeal to the Poor-law Board to revoke the surcharge. It is hoped the decision will be the means of softening down the feeling that exists between Dr. Ransom, a member of the board, and formerly medical officer, and some other guardians.

WE have very great pleasure in recording the munificence of Mr. Frederick H. Leaf, a member of the General Committee of the National Cottage Hospital for Consumption, Ventnor, Isle of Wight. From the commencement of the work he has taken a very active part in promoting the welfare of the institution; and now, so fully is he impressed with the great value and benefits of the charity that he has most generously undertaken to be at the cost of the erection of one of the houses of the third pair of buildings. This example will, we trust, be speedily followed by others.

THE Holbeach guardians have decided upon increasing the salary of the medical officer in the Sutton district, with the object (as it is stated) of inducing a medical practitioner to reside at Sutton Bridge.

THE Marquis of Bute has signified his intention of subscribing £1000 towards the building fund of the new Glasgow University. An addition is also announced to the list of benefactions conferred by the Marquis on the town of Cardiff: his lordship has just relieved the hospital ship *Hamadryad* from a debt of upwards of £1000.

THE Council of the Royal College of Surgeons in Ireland have elected Sir T. G. Logan, Director-General of the Army Medical Department, to an honorary fellowship in their College.

AT the dinner given to the King of the Belgians by the Prince of Wales on Monday last, Sir Henry Thompson, who is surgeon-extraordinary to the King, was present, as well as Dr. Eustace Smith.

FROM the Annual Report of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland, we find that £830 was distributed this year among 89 applicants: 11 were medical men, 67 widows of medical men, and 11 children of practitioners. The largest grant was £25; the lowest, £5. Among the list of donations to the Society was one of £375 by Dr. T. H. Purdon, of Belfast.

THE President of the Dublin Obstetrical Society (Dr. Ringland) gave a *conversazione* on the 18th inst. at his residence in Harcourt-street, at which the majority of the medical profession in that city were present; Sir James Y. Simpson, Bart., M.D., of Edinburgh, being one of the guests.

AT the sale of the late Rev. Dr. Todd's books in Dublin, an edition of Ware's works, with MS. additions, was purchased for the library of Trinity College at a cost of £450.

FOR the last forty years there have not been so many medical matriculations at the Edinburgh University as at the opening of this winter session. The number amounts to no fewer than 470—unmistakable evidence of the increased attractiveness of the metropolitan University of Scotland.

ST. BARTHOLOMEW'S HOSPITAL.

A SPECIAL general meeting of the governors was held on Monday, in the Board-room of the hospital, for the purpose of hearing a statement from Mr. Foster White, the treasurer, in reference to the recent animadversions of the public press upon the management of the institution. His Royal Highness the Prince of Wales, as president of the body of governors, occupied the chair on the occasion, and there was a very numerous attendance. In opening the proceedings,

His ROYAL HIGHNESS said—Gentlemen, I shall trouble you with but very few remarks. Certain statements have been made in the newspapers against St. Bartholomew's Hospital, and therefore we have thought it right to convene this special court in order to give our treasurer, Mr. Foster White, an opportunity of making to us a statement which, I trust, will meet all those different accusations which have been brought against this institution. I can only say that I regret very much that my position as president of this hospital is more of an honorary than an active one. My numerous other duties will no doubt prove to you how difficult it is for me to be constantly on this spot. At the same time, however honorary that position may be, you may rest assured that on no occasion will I shrink from coming forward to do all that I can to further the interests of this great institution. Gentlemen, I have now only to call upon Mr. White to make his statement.

Mr. FOSTER WHITE began by saying that he felt it his duty most respectfully, yet heartily, to thank his Royal Highness for causing that Court to be summoned in order that it might be proved to the public that his Royal Highness had not been called upon to preside over an institution which was a "sham." There was always considerable difficulty in answering accusations which appeared in the newspapers; and he confessed that, anxious as he had been at the commencement of that contest to reply to some of those accusations, he had felt that he ought first of all to answer those allegations to the governors, whose duty it was to call on their officers and servants to reply to any questions they might put to them in respect to the management of the hospital. There was no disposition to shrink from public inquiry. They had nothing to hide, nothing of which they need be ashamed; and, accordingly, a resolution had been unanimously carried inviting the representatives of the Press to attend there that day. That institution was in every sense of the word one of a public character, and the public had a right to know how it was conducted. Some of the allegations made were not dictated by the purest motives; he could not but believe, however, that that discussion was calculated to do a very large amount of public good. Large additions and considerable improvements had been effected at a very great expense in that institution in the period of about fifteen years during which he had held the office of its treasurer; and he thought they would agree with him that it would have been not only highly impolitic but impossible to have attempted to carry out all those alterations at once. They had been accomplished gradually. He did not pretend to say the institution was perfect; but he confidently asked what other object the governors could have had in executing those various improvements but the benefit of the sick poor and the advancement of medical science? There was not a single person connected with the management who, either directly or indirectly, drew from it one penny of profit or emolument. Mr. White then proceeded, at great length and with much minuteness of detail, to meet the various charges which had, he said, been brought against himself officially, and also against the institution. With respect to the omission of the opening address there had been no difference between him and the medical staff. The opening address had been discontinued in accordance with a decision of the medical officers, come to the year before, and he had nothing more to do with it than with the movements of the sun. Passing to the alleged grounds of complaint against the present management of the hospital, Mr. White said the first question of any serious moment was how the in-patients were treated. It was due to their critics in the press to state that they had not found much fault with this department, and had not disputed the competency of the medical staff to deal with those patients. He could prove that the expenditure upon their in-patients was larger than that of any other hospital. The diet and all the drugs were entirely ordered by the medical staff, and neither he nor the governors generally interfered with their responsibility in the matter. He now came to the casual patients,—a very grave and difficult part of the problem. For years past an increasing crowd of casual patients came to their doors, and it was alleged that the managers of the hospital had stood still and done nothing to meet that state of things. Why, in 1861, the governing body met, and, after full discussion, determined to pull down the old surgery, and erect a new one of four times its size. Seven thousand pounds were spent in the erection of the new building, and property yielding £1100 per annum was pulled down for the same purpose. No alteration or addition, large or small, was ever made or contemplated in the hospital without consulting the medical staff, and their judgment as to the nature and extent of the accommodation required was usually followed. It was stated that the rooms in which those patients were received were too small, and badly ventilated. He denied that upon the authority of the medical staff. The surgery itself was more than 94 ft. long, 32 ft. wide, and 30 feet in height. No sooner had the new building been opened, and provided with every modern appliance, than the number of applicants began steadily to increase. The ailments of those who sought relief at the casual surgery

were, generally speaking, of so trivial a nature that if the applicants had to pay a single halfpenny for medicine they would not come at all. No medical man had to attend 100 of those patients in an hour; that was a total impossibility. But very many of the applicants were simply idle; some brought books with them, others brought their work, and a very large proportion came merely for a dose of medicine. One, perhaps, had a pain in the stomach, another diarrhœa, another a cough, and so forth. In order to facilitate matters, a prescription for diarrhœa cases had been printed beforehand, and the applicant suffering from that ailment was offered a dose of what had been called "doubtful medicine," made in the "brown jug" of which they had heard so much, and poured into a glass. A foul and most unjust aspersion was conveyed by that expression, "a dose of doubtful medicine." Did the writer who used it really think the gentlemen who prescribed there were moral monsters, or that when the poor came to be prescribed for they gave them they did not know what? People certainly came to them who had no right to receive charity; and how were they to discriminate? He had tried, in conjunction with others, to prevent the institution being abused. Other hospitals did not open their doors so widely as St. Bartholomew's, but got rid of applicants by simply refusing to treat them unless they brought a governor's order. That institution had endeavoured to the fullest extent to afford relief to every *bonâ fide* patient; and they had felt it to be much better to relieve five or six undeserving cases than to turn one poor unfortunate creature from their doors. It was said they had no additional staff to meet the increasing demand upon them; but in 1868 four new resident medical officers were appointed, and provided with every accommodation, and those four men acted where one had acted before. During the first year of that arrangement there had not been a single complaint, either from those gentlemen themselves as to their being overworked, or from any poor person that he had been neglected. Those four gentlemen were to hold office for twelve months, and at the end of that time three of them retired, the fourth remaining in his position; and shortly after the three new officers came in, a letter was received from them, stating that the work was more than they could accomplish. On the receipt of that communication, he wrote to the gentlemen who had just retired, asking whether during their tenure of office they found any practical difficulty in performing their duties, particularly in the casual department. The first reply he received was to the effect that during his term as house-physician the writer experienced no difficulty for which he was not prepared: a great point was being able to attain the power of seeing patients rapidly; that to do this without mistakes involves practice; and the writer concluded by expressing his opinion that the casualty work should never be thrown into the hands of new officers without the retention of some men of experience to help them. The house-physician stated that no practical difficulty prevented the examination of every patient who appeared to require examination. Neither of them thought that the pressure of the casualty work was ever such as to lead to the neglect of the other duties of the house-physician; and that the great mass of the cases were of a most trifling character. The other answers were of a similar kind. Mr. White then explained that a system of classifying the patients had lately been adopted experimentally. The junior assistant physicians and surgeons had first been asked to do this duty, but had declined. Two men then came forward to relieve him of the difficulty, and although they subsequently declined to act, Mr. Paget said it must be done, if only for two months. But he could not deny that there was no heart in the work, and the arrangements might fail. Turning to the nurses, he said it had been asserted that they slept in cupboards under the stairs, and that there were not sufficient beds for them. Now, they had 83 nurses, and 83 beds for them, each nurse having her own bed. Three out of the 83 bedrooms had, indeed, been circumscribed in the process of forming the new wings, whereby accommodation for 144 more patients had been provided. He did not say that all the nurses' bedrooms except those three were everything they could desire, but their buildings were not elastic, and were erected 140 years ago. Many of the nurses objected to dormitories, and would prefer having their own separate rooms, however small, provided they were clean and wholesome. Again, it was said their nurses were too few in number, and cruelly overworked. He denied this allegation, and maintained that in this respect St. Bartholomew's could bear comparison with the London Hospital, than which there was no better-conducted institution in the kingdom. At a cost of £500 a year they had relieved their nurses of the work of scrubbing the floors and other menial duties, and they allowed them one day to themselves in every three weeks, and every third Sunday. Their pay, besides food, was 8*s.* per week, or, after two years' service, 8*s.* 9*d.* No other hospital paid more, and many paid less. The nurses had not made any complaint, and those of them who had left owing to some little "tiff" with a sister nurse were frequently very glad to return to the service. They were, moreover, promoted to the position of sisters for their fidelity and efficiency, and some of their best sisters had formerly gone through all the drudgery of nurses. On an average, every nurse, according to the rules, had eight hours' sleep each day; and when emergencies arose extra nurses were employed, who could be easily obtained. As to the alleged sickness and mortality among their nurses, in 1866 and 1867 they had not a death among them; but, taking an average of sixteen years, they had 34 deaths during all that time, 27 of them being from fever, and 7 from other causes. A nurse was never allowed to continue at her duty one moment after manifesting the slightest indisposition. The medical staff had represented to him that it was extremely desirable to have a special ward for treating ophthalmic cases, but he felt considerable difficulty in recommending the governors to give up twenty or thirty beds to patients who could scarcely be described as "bodily ill"—the words in the charter descriptive of the patients entitled to the benefit. He also hesitated, after the very large outlay incurred on other improvements of late years, to expend £5000 more in carrying out this recommendation at present; for it was impossible they could do everything at once. They had yielded to the suggestion made to them as to making special provision for the treatment of diseases of the ear, of deformities, of the diseases of women, and various other matters. It might be said they had not undertaken their improvements until forced to do so by pressure from without; but these things had been in progress for months, and preparations had been made in the workshops in order to avoid all unnecessary disturbance in the hospital by building operations. Therefore, although the institution was certainly not perfect, they were doing their best; and what had been accomplished during the last twelve months proved that they were not disposed to stand still. It should be remembered that the adverse statements of *The Times* and other journals were, most of them, anonymous; and was it fair that those anonymous writers, having first asked permission to see everything, and having had everything thrown open to them, should come down to a great institution like that, take notes and figures from a set of underlings behind his back, without giving him credit for the efforts he had made or the position of responsibility he occupied, and then to manufacture sensational articles filled with unwarrantable statements? With regard to the obstetric department, he explained that every student was furnished with a set of printed rules and instructions. It had been alleged that the income of the hospital was £48,000 a year. It was no such thing. It was further stated that no balance-sheet was issued, but all who heard him could contradict that. As to the assertion that there was no audit of the accounts, everything was purchased and all work was done as far as possible by contract; the expenditure was regularly checked, and no bill was paid without the signature of the proper officer to whose department it belonged. It was impossible to be more accurate in these respects. He was prepared to enter into the general expenditure of the hospital if the meeting desired it. ("No, no.") In conclusion, he had been their treasurer for nearly fifteen years, and one of their almoners for nearly twenty years. The best years of his life had been passed in the service of that institution, and he confessed that he had felt it somewhat hard to be placed under the unmerciful lash which he had lately received for the manner in which he had endeavoured to discharge his duty. It was said that a position might be sufficiently lucrative to make a vain man arrogant. As there was nothing lucrative in his position, he presumed he was neither vain nor arrogant. No emoluments were attached to his office, and he had been induced to perform its duties from pure love of the work, and

pure gratitude for the constant support and encouragement accorded him by the governors and the staff. He indignantly repudiated the assertion that £2000 of the hospital funds were to be employed in furnishing his residence as treasurer. His own furniture was good enough for him, and he would not touch a penny of the hospital's money. He had been also charged with being a pluralist. He certainly had the distinguished honour of holding the treasurership of Christ's Hospital, and he had taken upon himself those additional duties because he owed to Christ's Hospital more than a long life could ever repay, and because, after a brief interregnum, that great educational institution must inevitably be placed on a new footing as the result of recent legislation. He was told that his place was wanted; that he had no right to fill it gratuitously; that he kept out someone better able to discharge its duties, provided he were paid a salary; and that it was the intention of somebody—although the governors had not yet been consulted on the point—to split his office between two gentlemen, each of whom should receive £1000 a year. They might do as they pleased in that matter, but he had at least saved them those salaries for fifteen years. Before sitting down, Mr. White read to the meeting a letter addressed to himself by the medical staff of the hospital, which contained a statement of the improvements which have been effected under the auspices of Mr. Foster White. They are as follows:—"The very great enlargement of the surgery and of the reception-rooms for casual patients. The enlargement and better arrangement of the dispensary department, and its fitting up with the best and completest pharmaceutic apparatus. The erection of a new admission-room for in-patients. The arrangement of departments for the practice and teaching of dental surgery and of vaccination. The fitting up of a room for examination of out-patients with diseases of the eye, and the provision of all the best modern apparatus necessary for the purpose. The arrangement of means proper for the special study of deformities and of diseases of the skin and of the ear. The enlargement of the wards appropriate to diseases of women; the erection of the adjacent special operation theatre, fitted with every requisite apparatus; and the addition of small wards entirely devoted to patients of this class who have undergone serious operations. The conversion of the hospital square into a place fit for open-air exercise for the patients. The rebuilding and admirable construction of the hospital kitchen. The improvement in the dietary of the patients, at a large increase of its annual cost. The diminution of the work of the nurses, by the employment of persons to do much of their menial labour. The enlargement and augmented convenience of all the museums and the library, of the rooms for practical anatomy, and of the chemical laboratory, and the provision of a room for microscopic examinations, and for the collection of drawings of diseases observed in the hospital. The annual publication of the statistical tables of the cases of the hospital in-patients. To this list of important works for the improvement of the hospital and school, designed and completed under your direction, we might add many which, though singly less considerable, are in their total very important; and of the whole we may briefly say that they have made the hospital at least equal to any other in the kingdom—both for the relief of the sick poor, and for the education of students for the medical profession." The letter further states that—"With such evidence constantly before us of the liberality and good judgment with which you have moved the governors of the hospital to carry out our various suggestions for its improvement, and conscious that no recommendation of the medical staff has ever been refused, we have felt bound to believe that there have been good reasons for delay whenever delay has occurred in the fulfilment of any plan that we have submitted to you. Such reasons we will not doubt have existed particularly in respect to the provision of special wards for the diseases of the eye; but the wards of which the building is commenced will, we believe, completely remedy the deficiency of the hospital for the reception of this class of cases. The building of the wards will, we hope, be immediately followed by the appointment of one or more ophthalmic surgeons, for the special charge of both in and out patients with diseases of the eye. But with respect to the institution of other special departments in the hospital, we beg leave to repeat the opinion implied in the letter of the Medical Council—that with the exception of the diseases of the eye and the diseases of women, there is not at the present time any so-called 'specialty' in medicine or surgery which ought to be either practised or taught in the hospital by any but the medical or surgical officers. The arrangements that you have sanctioned for the teaching of the nature and treatment of the diseases of the skin and of the ear, and of deformities, by members of the medical staff, are, in our opinion, far better than any plan which would assign these diseases to practitioners chiefly or exclusively devoted to them. We willingly believe that while we have represented the great importance of these measures, we may not have adequately seen their difficulties. But, whatever the difficulties may be, we are confident they will be overcome. The defects in the work of the casualty and out-patients' departments will, we venture to hope, be remedied by the plan suggested by the Medical Council, and which is now on trial. We believe that, by the method of classifying the patients recommended by the Council, the present staff of the hospital may be sufficient for the work of safely treating all who come. For it is to be observed that a very large proportion of the casualty patients, especially of the medical casualty patients, have only such slight ailments as rich persons very rarely seek medical advice for; and that a great part of the utility of the casualty department consists in its giving the opportunity of selecting, from among a large number of applicants, those whose cases are so grave as to require that they should be at once admitted into the hospital, or committed as out-patients to the charge of the assistant physicians and surgeons. We do not, however, conceal from ourselves the very great difficulty of dealing with the hundreds of persons who daily resort to the hospital, and whose number, already far surpassing that of the applicants at any similar institution, will probably increase in the same degree as the provision that may be made for them. We shall watch the working of the present plan; we shall report to you whatever defects we can detect in it, and we have no doubt they will be corrected. In all such institutions as hospitals, in which the work to be done or its method must vary with the progress of knowledge, it cannot but be that the amount and frequency of alterations proposed will seem to some persons unreasonable and extravagant. Nevertheless, we feel sure that we shall not fulfil our duty to the governors of the hospital or to the objects of its charity, unless we continue to indicate every opportunity of improvement that may become possible through the advance of medical science, or the acquirement of knowledge in sanitary matters or in the arts of nursing. And this duty we shall endeavour to discharge, even though it may sometimes happen that arrangements which once were excellent may be a few years later reported as defective or unfit." This was signed by the whole medical staff. The Treasurer concluded by moving a resolution to the effect that it be referred to the House Committee to inquire and report to a court to be specially summoned—firstly, what measures can be adopted for the purpose of providing better sleeping accommodation for the nurses; secondly, whether it is expedient to adopt any and what steps in order to diminish the labour of the nurses and afford them longer periods of rest; thirdly, whether the arrangements lately made for the purpose of securing more effective relief of casual patients are sufficient, and, if not, what further provision should be made for that purpose; and, fourthly, what course can be adopted with a view to provide a convalescent hospital in the country for the in-patients of this institution.

Captain ENGLEDUE seconded the resolution.

Alderman ROSE feared that the effect of the resolution proposed by Mr. Foster White would be taken to be that they admitted there were certain defects in the management which, but for the strictures which had been made, would not have received attention. He thought it would be a mistake to hastily adopt the proposal to refer these things to a committee.

Sir SIDNEY WATERLOW thought Mr. White's address about as satisfactory an answer to the charges that had been made as they could expect any personal and *ex parte* statement to be. With regard to the resolution proposed by that gentleman, he thought the meeting must accept it. The resolution practically amounted to this, that while they were as much impressed as anyone with the fact that the hospital was not perfect, yet they were convinced that the managers and almoners had done all they could in the last

few years to improve the institution, and that resolution would be a security to the public that they would in future continue in the same course of progressive improvement.

The resolution was then carried unanimously.

Mr. T. W. HELPS admitted that the motion just adopted might be interpreted as involving something like a censure, unless it were followed up by another which he was about to propose—viz., "That the governors express their grateful sense of the zeal and ability with which the Treasurer has discharged for fifteen years the duties of his office, and their full confidence that he will continue to do all in his power to promote every improvement that may tend to the greater benefit of the poor patients; that the governors also desire to express their best thanks to those of their body who have given so much of their time and attention to the business of the House Committee, and likewise to the almoners, &c."

The resolution, having been duly seconded, was carried unanimously.

A vote of thanks to his Royal Highness was then carried by acclamation, and acknowledged with the observation that the oftener the governors came together the better would they be able to support the Treasurer.

The proceedings then terminated.

THE GENERAL MEDICAL COUNCIL.

THE following vacancies and reappointments have recently occurred in the Council:—

The University of London.—Dr. John Storrar, who from the commencement of the sittings of the Council has represented this University, has been re-elected for the period of twelve months. In the first instance the appointment was for five years, but since the termination of that period it has been annual.

The Universities of Glasgow and St. Andrews.—Dr. Allen Thomson, who has represented these Universities for the past ten years, has again been re-elected for the period of five years.

The King and Queen's College of Physicians in Ireland.—Dr. Aquilla Smith (who may justly be termed the Finance Minister of the Council) has been re-elected for the period of twelve months. This appointment has always been annual, and Dr. Smith has been the sole representative of the College.

The Apothecaries' Hall of Ireland.—Dr. Chas. Henry Leet, who has represented this Corporation since the Medical Act came into operation, has been re-elected for the space of one year. In 1858 this appointment was made for five years; from the termination of that period the election has been annual.

The appointment of Mr. Cæsar Hawkins, as representative of the Royal College of Surgeons of Engand, will terminate in the first week of July, 1870.

THE SITE OF EDINBURGH INFIRMARY.

ON Friday last a numerously-attended meeting of the subscribers to the building fund of the Royal Infirmary was held at Edinburgh. The Lord Provost presided, and deprecated the opposition which had been made on petty and parochial grounds to the transference of site to the grounds of George Watson's Hospital. The report of the acting committee was then read, from which it appeared that the large majority of the subscribers were in favour of this transference. A motion was thereupon introduced to the effect, "That the report of the Acting Committee be approved of, and that this meeting authorise the Acting Committee to concur with the managers in the proposed application to Parliament for such powers as are necessary to build the new Infirmary on the grounds of George Watson's Hospital." The motion was adopted all but unanimously, there being only one dissentient. Mr. Maclaren, M.P., expressed a hope that the opponents of the transference would cease to throw obstacles in its way, while he ridiculed the litigation they had set on foot to prevent the sale of George Watson's Hospital. Even if a court of law decided that the hospital could not be sold, Parliament would certainly grant the power. The only object which the obstructives could gain would be to postpone, without ultimately preventing the transference; to accumulate expenses incurred before Parliamentary Committees; and to draw on themselves the ridicule of the public. We sincerely trust that this opposition has received the *coup de grâce*.

Correspondence.

"Audi alteram partem."

MR. CHARLES REED, M.P., AND THE VACCINATION ACT.

To the Editor of THE LANCET.

SIR,—My attention has just been drawn to your number of the date November 13th, in which your Medical Annotator does me, unintentionally I am sure, great injustice.

He states that, "at an anti-vaccination meeting held at Hackney," I am reported to have said "that great injustice had been inflicted on the people by the Act" [Vaccination], and that I should "vote for its repeal, if my constituents wished it." Now, Sir, while I admit that the opinion of the constituency would have due weight with me, it is only just to myself to say that I have never attended any meeting on this subject, nor have I ever heard that any such meeting was held.

I am, Sir, your obedient servant,

Garlsmead, Upper Homerton, Nov. 25th, 1869. CHARLES REED.

*** We did not say that Mr. Reed had attended any meeting, but that at an anti-vaccination meeting he was reported to have said—to a deputation, if we remember rightly—that he considered the Act had inflicted great injustice on the people, and that he would vote for its repeal if his constituents wished. We should be glad to learn that the foolish enemies of vaccination had misunderstood Mr. Reed.

"A PRACTICAL SUGGESTION."

To the Editor of THE LANCET.

SIR,—The advocates of an efficient, and consequently economic, administration of the Poor Laws, are under great obligation to you for the practical suggestion contained in your last week's issue; and there is every reason to believe that you have materially simplified the labours of reformers by so correctly pointing out the cause of the utter break-down of our system, and by your showing what should be the first object to secure, if there is to be a prospect of any beneficial change.

Frequently during the last three or four years observations have been made by influential persons in society, members of Parliament and others, which have completely borne out your comments; unfortunately, however, the *entrée* which the gentleman to whom you referred has obtained into the salons of the governing families has produced its natural results, so that anything like an open expression of such remarks has hitherto been impossible, and the power of pooh-poohing this, and blandly obstructing that, has gone on unchecked—nay, it is rumoured that even Presidents have been compelled to yield to the influence.

You will be pleased to learn that there is every probability that the question of the constitution of the Poor-law Board, in reference to the advisability of its reconstruction, will be taken up in the next session of Parliament. The absurdity of its President sitting alone, and therefore presiding over himself only, has struck many influential persons; especially, too, when it is remembered that, if in the Commons, he has the wishes and interest of his constituents to consider, Cabinet meetings to attend, and during the session to spend the evening in the House frequently until one or two in the morning. A gentleman thus occupied, however energetic he may otherwise show himself, cannot be other than perfectly dependent on his immediate subordinates for information and suggestions;

and if the latter should be indifferent, the result will be shown in what is actually seen amongst us—widespread misery and suffering, with continually augmenting expenditure.

I am, Sir, your obedient servant,

Reform Club, Nov. 23rd, 1869. M.P.

THE CASE OF LEOPOLD I., KING OF THE BELGIANS.

To the Editor of THE LANCET.

SIR,—When the history of the case of King Leopold I. accidentally came into my possession, I sent it to you for publication, considering that, as no account of the case had been published, it could not fail to be interesting to the profession at large.

In reply to Sir Henry Thompson's protest that M. Civiale could not have desired to publish the case in its present form, I have only to state that it is a translation from an account written by M. Civiale for publication, and already printed in a volume about to be published forthwith.*

The paper in THE LANCET is what it purports to be, M. Civiale's account of the case of King Leopold, and my responsibility is limited to the assertion that M. Civiale, and no other, is the author of the case.

I may, however, observe that no future history of this portion of the case, whether more interesting or not, can differ much from the one already published, unless, indeed, the accuracy of M. Civiale's report be impugned.

M. Civiale states, as the result of careful and repeated examinations, his conviction that the calculus was completely removed; and he also asserts that the further history of the case was one of recurrence, with which opinion Sir Henry Thompson appears to have agreed when writing to M. Civiale.†

I am, Sir, your obedient servant,

St. James's-place, Nov. 24th, 1869. WALTER J. COULSON.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

TRANSFORMATION OF THE HYDRATE OF CHLORAL INTO CHLOROFORM IN THE HUMAN ORGANISM.

M. PERSONNE'S communication on Chloral, which I announced in my last letter, has just been brought before the Academy of Sciences. As I have already mentioned, the results of his experiments point to the transformation of chloral into chloroform within the human organism. His experiments were conducted in two ways. First, chloral was directly mixed with the blood of an ox; next, the substance was given in toxic doses to a dog, which was slain when in a condition of complete anæsthesia. The blood of both animals was examined, and not the slightest trace of chloroform was to be detected by the smell. But when M. Personne, thinking that the smell of chloroform was necessarily covered by that of the blood, resorted to other means of investigation, he arrived at quite different results. A chemical analysis of the fluid was made, and then it was discovered, by employing the usual means for the detection of chloroform, that a large quantity of chloride of silver could be obtained from the blood which had been directly mixed up with the chloral, and a less quantity from the blood of the dog which had absorbed the substance. As the objection might be made that the chloride of silver does not result from the transformation of chloral and the consequent introduction of chloroform into the blood, M. Personne at once tells us that he could obtain the chloride of silver only when a small quantity of carbonate of sodium was added to the hydrate of chloral. Thus, he says, the alkali in this experiment has alone transformed chloral into chloroform, as does the alkali of the blood. The same results were obtained on examining the residue found in the stomach of the dog; and M. Personne states that absorption through this channel is extremely slow. Examination of the urine furnished no traces of chloroform—a fact which is in contradiction to what Dr. Bouchut has recently observed.

M. Personne has come to the conclusion "that hydrate of chloral does not pass through the human organism without undergoing a transformation, but that on reaching the blood it is separated into formic acid and chloroform, which latter substance is subsequently converted into chloride of sodium and formiate of soda, the products of its elimination."

THE INCONVENIENCES OF HYDRATE OF CHLORAL.

I believe I have done my best to keep you *au courant* of all the researches which have been made here on chloral since the subject has been started, and unless I am much mistaken, not one fact of any importance has escaped my notice. In order to complete the history of this substance, which seems destined to take rank as a therapeutical agent of much value—M. Bouchut's statements mentioned in my last are very decided on that point—I shall continue briefly to give you the chief outlines of everything new that may crop up in connexion therewith. Since I insisted last week, with Dr. Bouchut, on the therapeutical value of chloral, I may just relate some of its inconveniences—a point which has been specially studied by M. Laborde, who has experimented upon his own person.

M. Laborde tells us that when chloral is injected subcutaneously, even in weak doses, in animals such as rabbits or guinea-pigs it causes local irritation, gangrene, and more or less extensive purulent infiltration; that when introduced through the stomach into the same animals, it causes a manifestation which betokens pain in the alimentary canal, whilst the microscope shows an intense inflammation of the mucous membrane of the stomach and intestines. Coming to the more important part of his investigation—namely, the different sensations which he experienced under the action of chloral, M. Laborde finally states that "when administered to man in a normal condition, in gradual doses of from one to two grammes a day, chloral produces, especially during the second and third days, a most painful sensation in the pit of the stomach, violent colic, and a feeling of nausea and despondency, attended by profuse sweats." And he adds that he did not consider it necessary to carry the experiment further.

ON SOME POINTS OF THE ANATOMY AND PHYSIOLOGY OF THE NECK OF THE UTERUS, AND ON THE FUNCTIONS OF THE OS UTERI IN THE UNIMPREGNATED CONDITION.

Mons. A. Desprès, surgeon to the Lock Hospital, has brought forward some interesting notes on the subject of the physiology and functions of the os uteri *en dehors* of pregnancy. According to M. Desprès, the neck of the uterus contains tubular and ramified glands, which have their seat in the muscular tissue of the womb, just as the prostatic glands have theirs amidst the fibres and muscular portion of the urethra. These glands secrete a clear, viscous, albuminous fluid, similar to the prostatic fluid, which issues from the os in an intermittent manner, and produces an ejaculation. This fluid M. Desprès calls the uterine liquid. It quits the neck slowly, and remains on the os as well as in the cavity of the neck. It has until now been improperly considered as a sort of catarrhal fluid. The emission of this fluid would be destined to serve as a vehicle to the zoosperms, so as to allow them to reach the uterus more safely. The glands of the os are closed up during pregnancy, and form Naboth's cysts or eggs; but parturition repairs the damage: during labour the cysts are broken, or perhaps this action takes place on the retraction of the uterus. The neck of the womb, concludes M. Desprès, is erectile; it enters into erection at the same time as the other erectile organs of woman, and lies open so as to furnish a passage to the uterine fluid.

Paris, Nov. 23rd, 1869.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—On Friday evening, Dec. 10th, at 8 P.M., Dr. Carr, F.L.S., will read a paper "On Health and Disease viewed in relation to the Opinions of Darwin; with illustrative Cases." Gentlemen interested in this subject are respectfully invited to attend and take part in the discussion.

* La Lithotritie et la Taille, &c. Par le Dr. J. Civiale. Paris: Rothschild. 1870.

† "M. Thompson, dans une lettre qu'il m'écrivait le 12 Juin, 1863, à l'époque même de l'opération, déclare que son opinion personelle, conforme à celle des Docteurs Koepl et Vimmer, médecins du Roi, est que ce calcul était de formation nouvelle."—Loc. cit., p. 346.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners held on the 18th and 19th inst.:—

Baker, Henry F., L.S.A., Andover, Hants.
Bell, William, M.D. Edin., London-street, Fitzroy-square.
Bird, Thomas, Liverpool.
Giddings, Alfred T., L.S.A., Chichester.
Hoadley, Robert, M.D. Philadelphia, Halifax.
Hogg, Richard Bowen, L.S.A., Rotherhithe.
James, James, Cardigan, South Wales.
Kemmis, Henry M., Dublin.
Law, Alfred R., M.B. Edin., Barnstaple, Devon.
Lloyd, Robert H., L.S.A., Holloway.
Lill, William F., L.S.A., Nottingham.
*Milles, George R., L.S.A., St. Margaret's, Yalding, Kent.
Palmer, James F., Wilby, Norfolk.
Pedlar, George H., L.S.A., Forest-hill.
Raynor, Arthur, Hull.
Roberts, Arthur C., L.S.A., Exeter.
Robertson, Frederick M., L.S.A., Peckham.
Smart, David, L.R.C.P. Lond., Cranbrook, Kent.
Taylor, John, L.S.A., Sheffield.
Taylor, Thomas, Seaton, Sunderland.
Thomas, Llewellyn M., Camberwell.
Thorne, William B., Leamington.
Tyler, Edward A., L.S.A., High-street, Manchester-square.
Walford, Edward, Ramsgate.
Wall, Alfred J., L.R.C.P. Lond., Bessborough-street.
Waterworth, Edw. A., M.B. Aberd., Newport, Isle of Wight.
Wearne, Walter, L.S.A., Helstone, Cornwall.
Webster, William, L.S.A., Lyne Regis.
Wood, John W., Douglas, Isle of Man.
*Wood, Richard, L.R.C.P. Edin., L.S.A., Bromsgrove.

* These gentlemen passed in Surgery at previous meetings of the Court, and, having subsequently obtained medical qualifications, were admitted Members of the College.

Six other candidates were admitted to examination, but failed to satisfy the Court, and were referred for a period of six months' further professional study.

At a meeting of the Council of the College on the 11th inst. the following gentleman was admitted a Fellow of the College:—

Shearman, Edw. Jas., M.D., M.R.C.P., Moorgate, Rotherham.

The following gentlemen passed the first part of the professional examination for the Fellowship of the College at a meeting of the Court of Examiners held on the 23rd inst.:—

William Anderson, Nelson C. Dobson, and G. C. Franklin, of St. Thomas's Hospital; J. B. Ball, University College and St. Mary's Hospital; John Robinson, University College; Wm. M. Banks, Liverpool and Edinburgh Infirmaries; Edward Bovill, and N. A. Rogers Harrison, Guy's Hospital; E. A. Elkington, Birmingham; John Horsfall, Henry Rundle, and James Watson, St. Bartholomew's Hospital; G. W. Mackenzie, and F. E. Ryatt, London Hospital; J. G. Pilcher, and W. J. Pilcher, Dublin; Charles Steele, Bristol; William Thomas, Birmingham.

Five other candidates were admitted to examination, but failed to satisfy the Court, and were referred to their anatomical and physiological studies for a further period of six months.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 18th:—

Bolton, John George Elliott, Mauritius.
Buchanan, Walter, Chatham.
Joy, Frederick William, University College.
Payne, Martin Henry, Bridgewater.
Sylvester, Henry Thomas, Bath.

The following gentlemen also on the same day passed their first professional examination:—

Crackle, Thomas Arthur, Guy's Hospital.
Pike, William Royston, St. Thomas's Hospital.

The following resolutions have been passed by the Court of Examiners: — 1st. That after June, 1870, all medical students presenting themselves for the second examination shall produce evidence of having served the office of Clinical Clerk at a recognised hospital during the period of six weeks at least. 2nd. That after June, 1870, all students shall be required to produce evidence that they have been examined at the class examinations instituted by the various lecturers and professors of their respective medical schools and colleges.

Medical Appointments.

ALCOCK, J., M.R.C.S.E., has been elected President of the North Staffordshire Medical Society.

BARTHOLOMEW, R., M.D., has been reappointed Medical Officer *ad interim* of the Parish of Dalgety, Fifeshire.

BREWER, T., M.R.C.S.E., has been appointed Junior Surgeon to the Huddersfield and Upper Agbrigg Infirmary, vice Thos. Abbey Bottomley, M.R.C.S.E., deceased.

CALTHROP, H. J., M.R.C.S.E., one of the Public Vaccinators, has been appointed Medical Officer for the Gosberton District of the Spalding Union, Lincolnshire, vice H. Morris, M.R.C.S.E., resigned.

CHURCHILL, F., M.B., C.M., &c., has been appointed Surgeon to the Westminster General Dispensary, vice H. A. Reeves, M.R.C.S., appointed Assistant-Surgeon to the London Hospital.

COOPER, A., F.R.C.S.Ed., has been appointed an additional Surgeon for Outpatients of the Lock Hospital.

FLETCHER, T. B. E., M.D., has been elected President of the new Medical Reform Union.

FOSTER, Mr. H., has been appointed Dispenser to the Hulme Dispensary.

GANGER, J. S., M.R.C.S.E., has been elected Vice-President of the new Medical Reform Union.

GARNER, R., F.R.C.S.E., has been elected Vice-President of the North Staffordshire Medical Society.

GIBSON, W. L., M.D., has been re-elected President of the Dundee Medical Society.

HARRIS, J. A., M.R.C.S.E., has been appointed Resident Physician at the Royal Infirmary, Edinburgh.

HARRISON, C., M.D., has been elected Physician to the Lincoln County Hospital, vice J. C. Torry, M.D., resigned.

HIME, Dr. T. W., has been appointed Surgeon to the Sheffield Police Force for one year.

HOCKLEY, A., L.D.S., has been appointed Honorary Secretary to the National Dental Hospital, Great Portland-street, vice R. T. Hulme, M.R.C.S., resigned.

LANGDON, T. C., F.R.C.S.E., has been appointed Surgeon for Winchester under the provisions of the Contagious Diseases Acts.

MOSSOP, I., L.R.C.S.Ed., L.R.C.P.Ed., has been appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh, vice E. Thompson, M.B., resigned.

NICHOLLS, W. H., M.R.C.S.E., has been appointed Resident House-Surgeon at the Sussex County Hospital, Brighton, vice Frederick W. Salzmann, M.R.C.S.E., resigned.

O'NEILL, P. J., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for District No. 9 of the Lexden and Winstree Union, Essex, vice L. H. Franklyn, L.R.C.P.L., resigned.

PATTON, E. K., M.R.C.S.E., has been appointed Assistant House-Surgeon at the General Infirmary, Sheffield, vice J. B. Wilson, L.R.C.P.Ed., resigned.

SMITH, Mr. W. H., has been appointed Dispenser at the Sussex County Hospital, Brighton, vice Mr. G. G. Hornsby, resigned.

STEELE, J., L.D.S., of Croydon, has been appointed Dental Surgeon to the National Dental Hospital, Great Portland-street, vice R. T. Hulme, M.R.C.S., resigned.

STUART, W., M.D., has been reappointed Visiting Surgeon for Woolwich under the provisions of the Contagious Diseases Acts.

WHITE, W. L., M.B., has been elected Honorary Secretary to the Dundee Medical Society, vice C. Moon, M.B., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CANN.—On the 20th inst., at Dawlish, the wife of Francis Mark Cann, Esq., of a son.

INNES.—On the 17th inst., at Glebe-street, Glasgow, the wife of James Innes, L.F.P. & S. Glas., of twin daughters.

MOORE.—On the 18th inst., at Victoria-street, Wolverhampton, the wife of R. Bond Moore, L.R.C.P.L., of a son.

OAKLEY.—On the 11th inst., at Carlton-place, Halifax, the wife of John Oakley, M.R.C.S.E., of a son.

SMITH.—On the 19th inst., at Lifford, Co. Donegal, the wife of Chas. Smith, M.D., of a son.

MARRIAGES.

CROFT—PAXTON.—On the 10th inst., at the Parish Church, Bicester, Oxon, John Henry Croft, M.R.C.S., to Liddy, sixth daughter of Jonas Paxton, Esq., of Bicester.

HIRON—SHELTON.—On the 23rd inst., at Bath, John Hickman Hiron, M.R.C.S., L.S.A., of Studley, Warwickshire, to Julia, youngest daughter of George Shelton, Esq., of Edgbaston, Birmingham.

LITTLEWOOD—BIRKIN.—On the 11th inst., at Radford Church, Joseph Littlewood, M.R.C.S.E., of East Circus-street, Nottingham, to Ellie, youngest daughter of Richard Birkin, Esq., J.P., of Aspley Hall, near Nottingham.

NEWBOLD—DRAKEFORD.—On the 20th inst., at the Cathedral, Manchester, Edward Newbold, Surgeon, of Macclesfield, to Frances Mary, second daughter of the late John Drakeford, Esq., of the same town.

RICHARDS—RAIMONDI.—On the 20th inst., at St. Clement Danes, Strand, Henry Hannaford, younger son of the late Joseph Richards, Surgeon, to Alice Augusta, younger daughter of Willoughby Raimondi, Solicitor, of Surrey-street, Strand.

ROBERTS—DUDLEY.—On the 17th inst., at Wharton Church, Frederick John Roberts, Surgeon, of Stalybridge, to Amelia, youngest daughter of the late John Dudley, jun., Esq., of Wharton Lodge, Winsford, Cheshire.—No Cards.

DEATHS.

AITKEN.—On the 18th inst., at the Greenock Infirmary, Wm. Scott Aitken, M.B.

EASTLAKE.—On the 17th inst., at Paris, Henry Edward Eastlake, M.D., Fellow of the College of Physicians, Dublin, &c.

FORMAN.—On the 16th inst., at Gourock, Alex. Meldrum Forman, L.F.P. & S. Glas., of Glasgow.

HAYWARD.—On the 19th inst., at Pewsey, Wilts, John Hayward, M.R.C.S.E., aged 45.

Medical Diary of the Week.

Monday, Nov. 29.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Spencer Watson, "On a Case of Traumatic Cataract with Glaucomatous Symptoms."—Dr. John Cockle: "Further Notes on Pulsating Tumours of the Neck."

Tuesday, Nov. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Dec. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Council Meeting.—8 P.M. Dr. Tyler Smith, "On a Case of Puerperal Fever treated by Injection into the Veins." — Mr. Spencer Wells, "On the Complication of Pregnancy with Ovarian Disease." — Six Cases illustrative of the same subject, by Dr. Braxton Hicks. — And other papers by Dr. Hall Davis, Dr. Lloyd Roberts, Dr. F. Daly, and Dr. Mendenhall.

Thursday, Dec. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Broadbent, "On Relapsing Fever."

Friday, Dec. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 4.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

ST. BARTHOLOMEW'S HOSPITAL AND THE LONDON PRESS.

THE daily press has been taking much notice of the meeting of Monday last at St. Bartholomew's. The *Standard* and *Globe*, without waiting to see whether the statements made would be questioned, rushed to the conclusion that everything was completely answered. The *Telegraph* more cautiously took the same side. The *Daily News*, however, promptly pointed out the radical defects of the meeting—viz., that it was composed of the very persons whose usefulness was called in question, and therefore that its decisions, even if correct, could not be accepted by the public. *The Times* followed with a weighty leader, amply justifying the demands for a public and impartial inquiry that we have persistently put forward. The *Echo* treats the meeting and the Treasurer's oration with scant respect. It says that the greater part of the charges are not answered at all. On the whole, the tide of public opinion, which was checked for a day or two by the meeting, is again decidedly setting in the same direction as before; and there can be no doubt that the questions raised as to the fitness of the present system of government of St. Bartholomew's will receive the attention of Parliament. A remark made by the Prince of Wales in his closing speech, if it had proceeded from a less friendly critic, would have looked very like a sarcasm. The Prince advised the Governors to make themselves a little more acquainted with the working of the hospital; implying that if they did so, the value of their verdict might be increased.

COTTAGE HOSPITALS.

R. C. A.—Mr. Albert Napper, Cranleigh, Surrey, published a pamphlet on the subject; and we have no doubt, if our correspondent addressed a letter to him, that he would be able to obtain the required information.

Mr. T. P. Mooney.—Dr. Blanc has left England for Bombay. Dr. Blanc read a paper before the last meeting of the British Medical Association, and our correspondent will find in the last volume of THE LANCET some contributions by him on the subject referred to.

Dominique should brace himself up to pass the preliminary examination.

THE ORIGIN OF BLOODLETTING.

MR. E. RAY LANKESTER reminds us, in the last number of the new publication, *Nature*, of the fact that popular tradition has attributed the origin of a well-known therapeutic measure to a totally false inference on the part of the Egyptian priests. A certain red oozing is occasionally observed to take place from the hippopotamus after enjoying its customary bath, or when enraged. It is supposed that the Egyptian priests, noticing this occurrence, believed that blood was really poured out from the skin, and imitated it by the invention of bloodletting; or, if this be not the case, "the Egyptian laity noticed the blood-coloured sweat of the great river horse, and connected it with the practice of bleeding then in operation by the interpolation of the sharp reed, and an inability to understand that their wise men could discover a remedy untaught." The former of these opinions involves the fact that the Egyptian priests drew a wrong inference in supposing that the red exudation they saw was really blood, which modern observers have disproved. All accounts seem to point to Upper Egypt as the place whence the practice of bloodletting took its origin; and a statement or fable related by Pliny, perhaps, gives an apparently more satisfactory clue to the reason of its adoption by the Egyptian priests. He says that the hippopotami, when they become too obese, have the habit of piercing for themselves the vein of the thigh by pressing against a pointed reed, and have so taught physicians to practise analogous operations. Venesection was supposed to be known to the medicine men of Agamemnon's army; for Podalirius, the son of Æsculapius, performed it.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Dr. Palfrey's reply in your columns to my communication was not distinguished by courtesy of language. I complained of a breach of professional etiquette, I complained of discourtesy and want of breeding, in that he had expressed an adverse opinion in the absence of the regular medical attendants. Does Dr. Palfrey deny the statements? I am unwillingly compelled to make quotations from Dr. P.'s letters.

On Oct. 2nd he writes to me: "I received the enclosed yesterday. Having no idea who was in attendance, I drove down to Capt. B.'s, arriving there at 11.20 P.M."

In his communication to you, he writes: "Acting on the instructions delivered at my house, I drove straight from London to Mr. Fanaker's."

How does Dr. Palfrey reconcile the two statements? What the Horncastle episode has to do with the subject I know not, except that from the *awful* amount of fatigue and physical incapacity, as admitted, a mistaken diagnosis might have been possible.

In reference to what Dr. P. styles my "second grievance," I ask, is giving "a narrative" of the symptoms an answer to that grievance? Even supposing Dr. P.'s "narrative" to be correct, my grievance remains. In "the condensed narrative" it is stated that on the second day of attendance Mr. Firth "leeched and purged him" (the patient). At the time mentioned I was in Belgium; and, furthermore, the amount of purging will be seen from the following *résumé* of the treatment:—

Sept. 24st.—Surgery. Mist. febrif.
22nd.—Home. Pot. hydriod. c. cinchon.; pil. aper., l.; haust. opii, h. s. s.
24th to 27th. Home. Ferri c. quina.
28th.—Feb. c. pil. aper., ij.
28th or 29th.—Subcutaneous inject. morphiæ; ammon. c. cinchon., till death.
Port wine, brandy, beef-tea, &c., from commencement.

As to what Dr. P. saw when he visited *his* patient, vision must have been acute and diagnosis rapid; the visit lasted somewhere about five minutes.

I will tell you, Sir, what *I saw* a few hours after death: No duskiness of skin; no rash; no particular sordes more than could be expected from one dying of exhaustion; the lips light blue, and *distinct rigor mortis*.

As to the distension of bladder, as observed on Dr. P.'s visit. The day previous to death I had, on my calling, occasion to knock twice. For the same the wife's excuse was: "I am sorry to keep you waiting; but I had to get my husband into bed, as he was at stool." My nose told me the truth of the same. Is it presumable that urine passes at defecation? and is it not very doubtful that a patient dying of typhus could rise to defecate? That would, I believe, be a "very novel" sight.

As to my untruthfulness regarding the conversation, it was reduced to paper soon after my return home; and I sincerely affirm it to be truthful in every respect, neither exaggerated nor distorted.

Supposing this case to have been so dire a one as diagnosed by Dr. P., was it right to order the removal of the children at 11.30 P.M.? That such order was given, I can prove. If that be Dr. P.'s recommendation, and is followed, I wonder not that fever has been prevalent at the *East-end of London*. Even in Dr. P.'s letter to me, he stated: "Of course there was nothing to be suggested but the removal of the poor little children."

As to my "watchful particularity," the rich wharfinger and the rich man's labourer. This man was seen daily; and if Dr. P. saw that the bladder was "full to bursting," and he "then thought it too late to go through the form of a consultation," why did he not use a catheter?

The wife and children slept in the same room as the patient for ten or eleven days. The wife and children have been and are well. The children are attending the same school.

As regards Mr. W. G. Baker's communication, I dismiss it from this controversy. With the most favourable construction, he misunderstood what I said, and misrepresented accordingly.

I am, Sir, very faithfully yours,
November, 1869. J. T. FORBES-FIRTH.

THE BECK FUND.

THE widow of the late Mr. H. Beck wishes us to convey her sincere thanks to Dr. Gill for his kind assistance. In doing so, we may take the opportunity of saying that we shall be glad to receive any further subscriptions in her behalf. Although the sums already subscribed have enabled her to meet her more pressing and immediate requirements, Mrs. Beck is, we regret to say, in a condition of great poverty.

An Early Bird.—The late Secretary, Mr. Belfour, resided in Lincoln's-inn-fields. The present Secretary, we believe, lives out of town.

Public Vaccinators and other Practitioners.

Mr. Frederick Hawthorn (Uttoxeter) must excuse us from publishing his letter for two reasons. First, he admits the serious charge of our former correspondent, Mr. Herbert, of having called, in the capacity of public vaccinator, on one of Mr. Herbert's patients, and of having vaccinated the child. Secondly, the terms of Mr. Hawthorn's letter might bring him within the power of the law of libel. Such conduct as Mr. Hawthorn's, in public vaccinators, shall have our severest condemnation. We are amazed that we should have heard of several instances of it. It is an argument against the appointment of special public vaccinators that the arrangement seems to blunt the sense of what is seemly and professional in some of those appointed. It appears to us that when a public vaccinator goes to the house of a private patient of another medical man, he not only does what the law never contemplated his doing, but he does what the law intended him not to do. The law devolves upon parents the duty of taking children to the public vaccinator if they wish their children vaccinated in this way. It supposes that the vaccinators are waiting at certain defined places with vaccinated children, from whose arms to vaccinate *directly*. To go about vaccinating furtively and indirectly is not only to bring the Act into bad odour with the profession, but practically to break it. It is to no purpose for Mr. Hawthorn to say that he received from the registrar notice that several children in his district were unvaccinated. Such a notice at most could only apply to children *over age*, which was not the case with this child; and even concerning these, it was no part of the public vaccinator's duty to visit them, and beseech them to be vaccinated by him.

F.R.C.S.—Our correspondent's evidence ought to have been taken in the case mentioned; but coroners do sometimes act arbitrarily.

Pity the Blind!

To the Editor of The Lancet.

Sir,—The inmates of one of our most useful metropolitan asylums, carefully, liberally, and kindly treated as they are, and occupying a building laid out with solicitous regard for health and comfort, nevertheless suffer very generally from a tendency to depression, feebleness, and sickness, which the eminent medical skill provided for their benefit often finds difficulty in combating.

The institution referred to is the well-known Blind School in St. George's-road, Southwark, and the cause of the morbid tendency is unanimously pronounced by the medical attendants to be the inherent evils of a site in the midst of a dense population, daily increasing and extending. With equal unanimity the remedy is admitted to be, pure fresh air, and exercise in it—in other words, removal to a healthy locality, some little distance in the country, where the bracing and salubrious atmosphere would aid more effectually than any other stimulant in overcoming that predisposition to lowness of tone which so often accompanies blindness, especially amongst the young.

I need not remark that the objections that now are urged against the proposal to remove to a country site one of our great hospitals, open every hour in the year for accident and other cases pressing for immediate attention, apply in no respect to an institution for the blind.

The necessity of seeking a more genial *locale* for the poor children has not been ignored by the Managing Council. A few years since a special Committee was appointed to examine and report upon eligible sites. The Committee reported upon three from amongst a number which were offered. Either of these three, it is understood, is well adapted for the purpose contemplated. There are, I believe, funds quite sufficient to purchase one of them, and construct the requisite buildings upon it. Public benevolence does not permit the asylum to languish through dearth of pecuniary means. Besides funded property and a fair subscription-list, it receives not a few donations of good round sums (apropos of these, by-the-by, a handsome legacy of £2000, the latest of a goodly array, has just been announced); but an obstacle of a vexatiously technical kind "stops the way." Though the Managers are empowered under their last Act of Parliament to purchase land to the extent of fifteen acres, they are prohibited from expending any of their ordinary funds in building upon it. Through this most contradictory and anomalous state of matters, many of the helpless objects of our sympathy sicken and decline.

Now it is virtually—nay, absolutely certain—that if a vigorous appeal were made, setting forth the exceptional circumstances, the public would supply adequate means available specially for the object. But somehow, though it is now so long since what was supposed to be the first step in a course of prompt action was taken, nothing further has been done; and as the town grows, and brick-walls crowd closer and closer, the evil waxes from bad to worse. Nor does it appear that the Council, if really hesitating to ask aid from the wealthy and humane, who so willingly give when they are certain that their gifts will bear good fruit, have awakened to the alternative duty of applying to Parliament for the removal of a restriction which operates so perniciously. Surely their inaction cannot arise from a fear that Parliament would reject so reasonable and proper a request.

The practical fact is, that these gentlemen cannot stand still much longer without incurring the danger of reproach for culpable neglect of their trust. Every day's delay is, to its extent, the prolongation of a removable cause of suffering and bad health. I will not add the sad ulterior result to which these conditions, it is to be apprehended, lead up. The managing body have before them an imperative duty, the postponement of which is plainly fraught with misery and injury. From the deservedly high reputation enjoyed by some of them, I am encouraged to hope that the chief thing required, in order to cause them to act with promptitude and effect, is a practical and public reminder of the urgent importance of doing so. Through no channel can it be given more appropriately and influentially than in the pages of The Lancet.

Your obedient servant,
November, 1869. M.D., M.R.C.S.

Dr. MacCormac, (Belfast.)—We should be glad to oblige our correspondent; but it seems to us that his communication would be of little or no interest unless published in the journal that contained the letter to which it is a reply.

Soldiers' Wives.

Some plan might surely be discovered to relieve the terrible hardships entailed upon young women who are willing to marry soldiers "without leave" having been obtained by the latter; the consequence of which is that the wives, being officially unrecognised, are not entitled to indulgences of any kind. We have on more than one occasion referred to this subject, and our attention has been recently awakened by the perusal of some facts in our contemporary, the *Broad Arrow*. There is nothing to prevent soldiers from marrying if they will do so, and they frequently will. This often leads to terrible privation in England; but in Scotland, owing to the condition of the marriage law in that country, the marriage contract is more frequently entered upon. Only a short time ago, we are told, a case occurred in the North which was so disastrous in its results as to be made the subject of a special report to the War Office:—

> "A battery of artillery serving at a Scotch town was suddenly ordered away, and when it left, for 170 men that marched with it there were 120 women who came forward as wives. All these women, excepting only eight or nine married 'with leave,' had to be left behind; and these unfortunate creatures, with their children, either returned to their families, or had to seek shelter in the workhouse. Of course great distress ensued; indeed, in most instances the soldiers never saw their wives again. This case, the report stated, was by no means a solitary one, but that the same thing continually happened in Scotch towns on a regiment changing its quarters."

Our contemporary suggests that it might form the subject for the consideration of a committee how the evils arising from occurrences such as these could be best prevented or mitigated.

The Sheffield Board of Guardians and the Sick Poor.

To the Editor of The Lancet.

Sir,—I beg to offer you a few remarks upon the answer which Alderman Saunders, Chairman of the Sheffield Board of Guardians, has thought proper to place before the profession, extenuating the action the guardians have taken respecting the case of the unfortunate young woman, Mary Ann Wragg. He assigns as the reasons upon which the guardians on the relief committee refused the required sustenance to be—

1st. That the man was not destitute, as he earned from 20*s.* to 21*s.* per week as a rule.

2nd. That the father is not a steady man.

3rd. That they *knew* that I, as medical officer of the Public Hospital, had power to order wine from that institution.

4th. That the medical certificate was not renewed a few days after the issue of the original one, in which I certified that "I would not be responsible for her life if the required nourishment was not supplied to her."

In answer to the first point I say, that at the inquiry which the guardians held to investigate the matter, it was clearly proved by a letter from his employer, that although he *could* earn from 20*s.* to 21*s.* per week, he had for some weeks only earned on an average 15*s.*, owing to the slackness of the department in which he works, and from this small amount you will see he is not in that happily affluent state which Alderman Saunders by his letter would induce you to infer; there being 2*s.* per week to deduct for materials connected with his trade, and a family of five living in a densely populated town to be supported; two of the children being convalescent from typhoid fever, and a third was the one whose death is the subject of inquiry; and, moreover, I must tell you that in my original letter to the *Telegraph* of Nov. 4th, I distinctly stated that his home had been one of suffering for a considerable part of this year; that owing to this accumulation of troubles, the man was heavily in debt both to a private practitioner and to his landlord.

2ndly. His assertion that the "man is not a steady man" is a very unkind one to the afflicted father, and from what I have been able to glean, the man has a good average character; but were such the case, the guardians would not be justified on this ground in depriving his innocent daughter of those things necessary to her recovery.

3rdly. I indignantly repudiate the odium which Alderman Saunders attempts to transfer to me by saying that I myself could have supplied the wine &c. from the institution had I been conversant with its rules. He imputes this want of knowledge on my part of the existence of this rule, giving me power to order wine and nourishment, to the fact that I have been only recently appointed. In answer, I have to say that when I accepted the office, three months ago, I was furnished with an elaborate copy of rules for my guidance. In these nothing is contained giving me authority so to do. My predecessor was not aware of such authority; my senior, Mr. Algernon Taylor, was also not informed of it; and during the last *three years* there has been no unmedicated wine supplied from the hospital to out-patients, and, from what I can learn, it has never been given since the foundation of the place, excepting on some half-dozen occasions. Moreover, this minute under a rule referred to, which has fallen into desuetude, which by the Editor of the *Sheffield Daily Telegraph*, in a leading article, is now jocosely said to be "excavated, dusted, redated, and made as good as new," relates only to the supply of *wine*, as far as I have even yet been informed, and does not touch upon the supply of beef. Of course, from your experience acquired in the treatment of such cases, you will know it is utterly useless to administer stimuli without food.

4thly. The worthy Alderman remarks that one of the grounds upon which the guardians refused the man's application was that he did not bring a renewed certificate of the girl's condition from me; thus affirming the fact of an illiterate man being unacquainted with all the technicalities of the Poor-law system to be a sufficient justification for the withholding of the necessaries of life from his sick daughter.

After the inquiry I remarked to a medical friend that I was very much pleased with the very humane manner in which the guardians spoke of the case at that investigation, and how agreeably disappointed I was to find that their office had not rendered them callous to human misery. I cannot think Alderman Saunders in his letter represents the feeling of the Board over which he presides; for at the inquiry by the guardians, those more immediately concerned never referred to the last three points which I now answer.

I am, Sir, yours truly,
John Taylor,
Resident Medical Officer.

Public Hospital, Sheffield, Nov. 22nd, 1869.

SANITARY MATTERS IN HOLLAND.

FROM a letter which has been received from Dr. Egeling, the chief Inspector of Health for the province of South Holland, we learn that the city of Rotterdam is about to obtain a supply of water from the Maas, which is to be filtered through sand and gravel prior to its delivery for consumption. This will be a great boon to the city, considering its present position in that respect; but the authorities would do wisely to pay heed to Dr. Egeling's warning that a river into which sewage passes is a hazardous source of water-supply. At the Hague the inhabitants are urging the City Council to give them a better water-supply, and they ask that it may be obtained from the downs. Whether this implies a simple storage of rainfall or wells to be sunk, we do not gather. It would seem as if sanitary works in Holland were somewhat of a political question; for Dr. Egeling says that a meeting of "the electors of the liberal party" is about to be held for the purpose of getting a system of sewerage for the Hague. The sanitary state of this city is such as to call for the earnest efforts of all persons, irrespective of political differences, for its improvement.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—In Dr. Fergus's paper in your impression of last week, it is stated that "Salisbury, with a decreased death-rate of 20 per cent., has an increase of 300 per cent. of deaths from scarlatina." Accurate knowledge obtained from an analysis of the register down to the present year enables me to state that the utmost increase has been 20 per cent., instead of 300. The enormous difference between these statements is quite explicable upon a wider view being taken of the statistics as occurring before and after sanitary works.

The subject of scarlatina mortality being now a prominent one, I ask you to allow me briefly to record the exact truth, and so to prevent all misunderstanding about Salisbury.

Dr. Fergus founds his statement upon a table given in the Ninth Privy Council Medical Report. Upon turning to that Report, I find that Dr. Buchanan describes his Salisbury table as chiefly based upon an abstract of mortality furnished by me to him. I have now that abstract before me. It consists of a yearly statement from the beginning of registration in 1837 down to 1863 inclusive. Dr. Buchanan, in the Blue-book, has grouped three sets of years: before drainage, 1842—52, being eleven years; during works, 1851—4, or four years; and after drainage, 1857—64, a period of eight years. Before drainage he puts the scarlatina deaths per 10,000 at 2½ annually; during the works, at 12½; and after, at 9; thus showing an apparent increase as between *before* and *after* of 300 per cent. But let a little wider view be taken, and the case will be much altered. Dr. Buchanan selected the odd number of eleven years, beginning with 1842; but from my abstract I learn that in 1841, the very year before, an enormous mortality had occurred from scarlatina, as many as 35 deaths. Now had these deaths been included in the table, the 2½ before named would have at once been raised to 5½. On the other hand, Dr. Buchanan took a period of eight years after drainage, ending with 1864—a year which happened to be a bad scarlatina year, having furnished 18 deaths; of course those deaths materially swelled the apparent proportions of that disease. Since that date, however, for four years and a half the scarlatina deaths have reached only 12 in all. I see also from the abstract that the scarlatina deaths of 1854 were 30 in number. That year is classed in the table as one during which works were in progress; but, in truth, as nearly all the old cesspools remained, very few houses being supplied either with new drainage or water in that year—the works then done mainly consisting of public drains and water-pipes,—when considering the relation of sanitary works to scarlatina, 1854 must properly be classed with the "before" drainage year; which being done, the annual proportion, instead of 2½, would rise to about 7½ per 10,000 people.

Upon taking the widest possible view of the question, by examining the whole register from the middle of 1837 to that of 1869—a period of thirty-two years,—I find the total deaths from scarlatina to have been 175. From the middle of 1837 to 1854 inclusive, being 17½ years, 89 of those deaths occurred, and 86 in a period of 14½ years from 1855 to the middle of 1869; thus, during the former period, showing an annual average of rather over 5, and during the latter of not quite 6.

It will be evident from these facts that the statement of scarlatina being increased 300 per cent. since drainage of Salisbury, although founded upon a Privy Council Report, is calculated to cause a very erroneous public impression—the true increase having been only about 20 per cent.

In considering the relation of sanitary works and scarlatina, one fact derived from the Salisbury register may be useful. In no one year has the mortality from scarlatina since been anything like equal to that before drainage; for in 1841, 35 deaths occurred, and in 1854 as many as 30, whereas the highest number in any one year since sanitary works has been only 18. Remembering that scarlatina epidemics of late years have been confessedly much more frequent and fatal over the whole kingdom, may not this fact fairly suggest a query, whether the sanitary works have not formed a protective power against its greater ravages in Salisbury?

For my own part, I have always viewed scarlatina as a disease less likely to be made entirely amenable to public sanitary works than any other disease, on account of its great and persistent contagiousness; and whatever may be its origin, I believe that its spreading by contagion in these times of vastly increased locomotion will annually become more probable; and with more numerous and much larger schools, I fear that even the advance of education itself will, in practice, be conducive to the increased prevalence of this disease.

In conclusion, however powerless sanitary reform has hitherto been in lessening this disease, I trust that well-directed efforts will continue, and that by no ill-digested statistics may it be made to appear that well-executed sanitary works can possibly encourage its increase.

I am, Sir, your obedient servant,

The Close, Salisbury, Nov. 23rd, 1869. A. B. MIDDLETON.

Est-il possible?—We find on inquiry that the Secretary of the College of Surgeons, by mistake, handed the candidates for the primary examination for the Fellowship the second or surgical paper on Saturday last; but that the unfortunate error was rectified by printing a fresh surgical paper, so that the *contre-temps* alluded to by our correspondent did not occur.

A MEDICAL OFFICER'S FIRMNESS.

DR. HARPER, the medical officer of the Holbeach district, lately reported to the Board of Guardians the existence of eight cases of contagious fever in some cottages on Holbeach Common. It appears that there was a doubt as to whether the matter did not lie out of the jurisdiction of the guardians, and within that of the Local Board of Health; and Dr. Harper received a laconic note, merely saying that "the matter he complained of was out of the jurisdiction of the Board." Feeling the grave importance of the point at issue, he at once entered on the books a report to the effect that the fever continued to spread; that there were then sixteen cases all within a small circle of cottages; that the people were alarmed; and that as no nurses could be found, the fever-stricken had to wait upon themselves. Dr. Harper further stated that in the event of any more deaths taking place, he should demand a public inquiry. Thereupon the Board seems to have been impressed with the fact that the matter required the most serious consideration, and at once gave orders to their sanitary inspector to take whatever measures might be necessary to check the spread of the infection. The *Lincolnshire Chronicle* says: "Dr. Harper is entitled to the thanks of the public for the independent manner in which he brings to the surface the sanitary defects of the district committed to his medical care."

WOMEN DOCTORS.

To the Editor of THE LANCET.

SIR,—The subject of women as medical practitioners was taken up by Dr. Liveing in his introductory lecture for the current session at Middlesex Hospital, and his remarks thereon are published in THE LANCET of Oct. 13th. He said: "No one will venture to deny the existence of a very great and daily increasing number of well-educated women, who can barely earn even a subsistence by teaching, needlework, and other occupations. ..... Already the Senate of the University of Edinburgh has decided to admit ladies, under certain restrictions, to the practice of medicine." And this the lecturer designates a reform, and queries whether the practice of medicine be not a suitable occupation for them. Is Dr. Liveing ignorant that even now there is not room in this country for the members of the profession? Or does he believe they are so liberally paid that competition by women is needed for the public weal? Surely he only needs to look round him to see that every town has already too many medical men, and every parish and workhouse its underpaid and overworked doctor! As to his question whether the practice of medicine be a suitable field of labour for women, I look upon it as a piece of pleasantry only—a mere jest, in fact, in which he indulged, in passing, for the purpose of rousing the flagging attention of his audience; for he must know that it never can become such until they discard all the natural and most valued characteristics of their sex.

It is passing strange, and a striking evidence of the love of novelty characterising the age, that members of the medical profession should lend themselves to movements like these—movements which are an outrage on all modesty, and a miserable travesty of our noble art. Instead of a sudden shame "taking possession of the Corporations" refusing to sanction them, it appears to me that their hands should be strengthened and upheld by all who have the least value for the true interests and happiness of women. But these female doctors must have a medical education. How and where? Is it proposed that they shall go round the wards, and sit side by side in the dissecting-room with the male students? Or will they be privately trained by sage and venerable professors? I suppose the Senate of the University of Edinburgh to be an enlightened one. Time will show us the upshot of this new folly, which one would fain hope, like crinolines and chignons, will only hold possession of the gentle beings for a season—an epidemic indeed, which, though violent at first, fortunately soon wears itself out; and notwithstanding all this clamour of a sensational pseudo-philanthropy, it cannot be that many medical institutions will follow the example of the University of Edinburgh. At all events it is to be hoped that no private arrangements will be made for these fair and delicate pupils. Let there be no half measures in their medical education. Let them labour side by side with the fun-loving, masculine students in every department and mode of study. If this be to their taste, then, indeed, let them enter the profession by all means; for, depend upon it, Nature, or something, or somebody, has made some mistake respecting them.

In conclusion, let me say, it is allowed that we want suitable employment for women, especially for the restless, strong-willed women amongst us. But this want is not confined to them, but is the general complaint of the day. All the professions are crowded with earnest, thinking men, and, rightly I think, turn away from their portals women as unfit and unwelcome. What, then, can be done? It is evident they cannot be doctors, or lawyers, or ministers; and, alas! the matrimonial market is overstocked. O, my dulness, Mr. Editor! How can I be so stupid! A door of hope stands open—a panacea for their woes is revealed to me. *They must emigrate!* On foreign shores their countrymen are pining and calling out for them; and in happier climes than these, where people do not jostle each other for want of room, they may find their *true* vocation, and rest their troubled and chafed spirits.

Yours obediently,

Plymouth, October 25th, 1869. WILLIAM DALE, M.D.

Mr. S. E. Smith, "the eminent Aural Surgeon," &c.—The advertisement in question shows how rightly we have judged of Mr. Smith and his mode of practice. We shall leave him now to himself and that section of the public which will trust such a delicate organ as the ear to surgeons who have to trumpet their reputation in the advertising columns of newspapers.

A CORRESPONDENT asks for information regarding Dr. Anderson's hair-dye from some one who has practically tried its effects.

APHASIA.

To the Editor of THE LANCET.

SIR,—Will Dr. Sumpter be so good as to inform me if the epileptiform seizures in the younger of his two aphasic patients are preceded by any kind of warning, or if a clear account is to be obtained from her friends as to the precise mode of commencement of the attacks? Has she had rheumatic fever? Is there a cardiac murmur?

Yours, &c.,

November, 1869. ARTERIAL REGION.

THE FIRST VACCINATOR.

A CORRESPONDENT of the *Builder* states that, being lately in the churchyard of Worth, in Dorsetshire, he met with a tombstone bearing the following inscription:—

"Benjamin Jesty, of Downshay, died April 16th, 1816, aged seventy-nine. He was born at Yetminster, in this county, and was an upright, honest man, particularly noted for having been the first person known that introduced the cow-pox by inoculation, and who for his great strength of mind made the experiment from the cow on the wife and two sons in the year 1774."

If this were a correct statement, it would follow that Jenner's discovery was anticipated by twenty years, his first vaccination experiment having been made in 1796. But we do not find that Mr. Jesty adopted any means to establish the priority of his claim, either at the time that Jenner published his memoir on Vaccination, or subsequently when Parliament rewarded the latter as the discoverer of the protective influence of vaccination. We must decline, therefore, to transfer to the memory of Mr. Jesty the honour which has so universally and for so many years been accorded to the memory of Jenner, in the absence of any more credible evidence than is afforded by an inscription on a tombstone.

CARBOLIC ACID OIL IN SCARLATINA.

To the Editor of THE LANCET.

SIR,—The favourable notice you have bestowed on my little pamphlet on "Scarlet Fever and its Prevention" induces me to hope that you will allow me to submit to the profession the following thought, which shall be stated in the fewest possible words.

Dr. Budd, some months ago, in a letter in which he published his mode of treating scarlatina by inunction with "olive oil slightly impregnated with camphor," introduces this parenthesis: "Current views would perhaps indicate carbolic acid as a fitter adjunct." Reflecting on this intimation, and calling to mind the properties of carbolic acid as set forth in the discussions carried on in THE LANCET two years ago, and more particularly Dr. Lemaire's assertion that it "acts anæsthetically," and "as a healing agent in burns," I was led to compare in my own mind the symptoms of a severe burn with those of scarlatina. I was, of course, aware that the *causes* were different; but my thought was, *not* to strike at the root of the evil, but to relieve such symptoms as might admit of relief by an external application, and, while relieving these, to destroy the vitality of the scarlatina germ at the very moment of its making its appearance on the surface of the skin.

Turning, then, to THE LANCET of November 9th, 1867, and February 1st, 1868, I perused with the deepest interest Professor Pirrie's and Dr. Allan Wilson's cases of scalds. In these reports I found *more* symptoms in common than I had at first thought of, which strengthened my hope that carbolic acid oil might be found to relieve those symptoms when resulting from the scarlatina poison. As many non-professional men are readers of THE LANCET, permit me to enumerate some of the "symptoms in common" with which I was struck: Hot skin, burning pain; eruption red, or otherwise; constitutional disturbance, producing shivering, nausea, vomiting, thirst; pulse frequent, feeble, irregular; nervous depression, prostration, exhaustion. Now, all these symptoms, when arising from burns (permit me to refer my readers to the numbers of THE LANCET mentioned above), were controlled in the most remarkable manner by the application of carbolic acid oil. And my suggestion is that they *may* be thus controlled when occasioned by scarlatina poison. "Could the carbolic acid act as a *repellent?*" then occurred to me. My answer was, "No. Carbolic acid is an alcohol; indeed by some Continental chemists it is designated phenic alcohol; and the effect of alcohol applied to the skin is to stimulate the vessels, and to cause a flow of blood to the surface." The proportion, then, alone remained to be considered. This appeared to me to be a question for the medical practitioner to determine. Professor Lister, in wounds, uses it in the proportion of one of carbolic acid to four of olive oil; Professor Pirrie, in burns, one of carbolic acid to six of olive oil; Dr. Allan Wilson, one of carbolic acid to thirty of olive oil and lime-water. Yours faithfully,

Leeston, Great Malvern, Nov. 8th, 1869. FRED. SMITH.

MR. ERICHSEN has been the victim of a resolution of the St. Pancras Board of Guardians, to the effect that he, along with other medical men, should be empowered to "inspect the infirmary, advise on its fitness, on the improvements required, the state of the patients," &c. &c. Mr. Erichsen intimates, through *The Times*, that "he would rather not;" even though the task, which he justly describes as "Herculean," be accompanied (as the guardians proposed) by the proffer of a "moderate fee"!!

Belfast.—Dr. Eustace Smith's work will be found a very suitable one for our correspondent's purpose.

SYPHILITIC INFECTION.

To the Editor of THE LANCET.

SIR,—A correspondent of THE LANCET, "A. M.," whose name I should like to know, as I am indebted to him for one or two very pertinent remarks on a case published in your number of Nov. 6th, asks me how I make out that the younger girl mentioned in that article was infected by means of her sister Esther. The elder sister, Esther, was bitten on the lower lip by a baby taken by her mother to nurse. This child had all the symptoms, as far as I can hear, of being syphilitic—snuffles, eruption, and sore mouth. A few weeks after the bite, Esther had a large indurated lump at the spot where she was bitten, with enlarged and hard submaxillary glands. "A. M.," if he has had much experience, will know that such modes of infection are not extremely rare. This elder girl slept in the same bed with Martha, and some months after her infection, the latter became also infected. In this I see nothing very mysterious, nor anything which a person well acquainted with syphilis would require to put any question about. Perhaps it is curious that something like a hard sore was found on the left lip of the vulva of Martha; but "A. M.," of course, is aware that mucous membranes are much more easily attacked than the skin of the body. I may add that I have during the last ten years collected at least eight or ten cases of communication of syphilis by means of the saliva, &c.; and I refer my sceptical *confrère* to the admirable treatise of Mr. B. Hill for other well-observed cases of what is now admitted since M. Auzias-Turenne first called attention to it.

Your obedient servant,

November, 1869. CHARLES DRYSDALE, M.D., &c.

THE PHARMACY ACT AND MEMBERS OF THE COLLEGE OF SURGEONS.

Lepus.—The Pharmaceutical Act is not meant to affect the rights of medical practitioners. The amended Bill provides that nothing in the first fifteen clauses of the Act (these refer to the rules for keeping, dispensing, and registering the sale of poisons) shall affect any person who has been registered as a legally qualified medical practitioner before the passing of this Act; or to any person who may hereafter be registered as a legally qualified medical practitioner, and who in order to obtain his diploma for such registration shall have passed an examination in Pharmacy.

Mr. T. E. Williams.—It is very shocking that a magistrate should have the power of preventing such a patient as that described being properly treated in an asylum. Our correspondent has done rightly, and is not further responsible for the consequences. But if he has still the sense of moral responsibility, he should communicate the facts to the Lunacy Commissioners.

VACCINATION PROSECUTIONS AT WORCESTER.

To the Editor of THE LANCET.

SIR,—It is necessary I should explain that when I was requested to visit Edwin Lee's child, I was not aware that it was under any medical treatment, and I have still to learn that it has at any time received any; in fact, it is now admitted that Mr. Griffiths gave the certificate *without either seeing the mother or child*, but merely on the representation and at the request of the father. If I am wrong in this or any statement I have made, I am open to correction. I believe the present existence of whooping-cough is all a myth; and even if it does exist, in such a remarkably healthy child as the one referred to its being an impediment to vaccination does not admit of discussion. One of the first reasons given for neglect of vaccination was that it *had had* the whooping-cough.

With regard to Mill's child, as small-pox would, doubtless, have left some marks in an unvaccinated child, and I could not see any whatever, I had that and several other reasons for not believing the statement of the mother that the child had had the disease, though what I said was that "I could see no marks of small-pox." It appears from Dr. Copland that the statistics of the Boys' Military Asylum show that more deaths occur in second attacks of small-pox than in small-pox after vaccination; and hence my opinion that a child should be vaccinated after one attack of small-pox, supposing it to have taken place, especially if that attack has been a mild one.

I have troubled you with these further particulars, both in my own justification, and because such cases as the present must frequently be arising, and it will be important to know what course a public vaccinator placed in similar circumstances to myself should take. Both these persons belonged to that class which would in ordinary course claim public vaccination. I, however, in the very first instance stated my wish not to be called upon to attend; but being specially requested by the clerk to the Board of Guardians to call in my official capacity, and subpœnaed to give evidence as to whether the children were in a proper state of health to be vaccinated, I could not see that any other course was open to me than the one I followed.

I hope the publicity given by your aid to these cases will lead to the Act of Parliament being literally carried out by the parents "either having their children vaccinated, or producing a medical certificate of unfitness for vaccination *before they are three months old.*"

I am, Sir, your obedient servant,

WM. WOODWARD, M.D.,
Public Vaccinator to the Worcester Union.

Worcester, November 23rd, 1869.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. W. Adams; Dr. Tanner; Mr. Soelberg Wells; Dr. Drysdale; Mr. Marshall; Dr. Gervis; Dr. Garstang, Blackburn; Mr. Barrow; Dr. Ilderton, Fairfield; Dr. Mott, Weybridge; Mr. Wade; Mr. Greene, Edgware; Mr. Pennett, Birchington; Mr. W. J. Coulson; Mr. Anderson; Mr. Miles; Mr. Harris; Mr. Augards; Dr. Mossop; Mr. Hopkinson; Mr. Macrae, Darlington; Mr. Reed, M.P.; Mr. Cavan; Mr. Walker; Mr. Evans; Dr. G. B. Hicks; Dr. Gill, Dover; Dr. Budgett; Dr. Smith, Lifford; Mr. Andrew; Dr. Middleton, Salisbury; Mrs. Beck; Dr. Forbes-Firth; Dr. Swete, Weston-super-Mare; Dr. Innes, Glasgow; Mr. Webster; Mr. Fagin, Manchester; Mr. Dann; Mr. Foster; Mr. Prue, Alnwick; Mr. Morriston; Mr. Thomas, Macclesfield; Mr. Keane; Dr. Woodward, Worcester; Mr. Holland; Mr. de Genlis; Dr. MacCormac, Belfast; Mr. Richards; Mr. German Reed; Mr. Cann, Dawlish; Dr. Hall; Mr. Hockley; Dr. Morris; Dr. Dale, Plymouth; Mr. Broster; Mr. Harris, Oxford; Dr. Wardell, Tunbridge; Mr. Muriel; Mr. Hughes, Spalding; Mr. Davies, Ashton; Mr. Loston; Mr. Chadwick; Mr. Pearson; Mr. Deane, Stafford; Dr. Ward; Mr. Williams; Mr. Fowler; Dr. Mooney, Tooting; Mr. Crane, Eltham; Mr. Hunt; Mr. H. Raven, Sunderland; Dr. Duncan, Edinburgh; Mr. Ashman; Mr. Whalley; Mr. E. J. Adams; Mr. Green; Mr. Arminson, Preston; Mr. Pettigrew, Edinburgh; Mr. Mackintosh, Airdrie; Mr. M'Clean, Lyndhurst; Mr. Hopkins; Mr. Davies; Mr. Brown; Dr. Bianchi; Dr. Hawthorn, Uttoxeter; Dr. Fleischmann, Cheltenham; Mr. Clutterbuck; Mr. Buckhurst, Hulme; Dr. Moore, Wolverhampton; Dr. Donkin, Sunderland; Mr. Roberts, Stalybridge; Dr. Shearman, Rotherham; Mr. Lomas, Ferry Bridge; Mr. Letts; Mr. Sunderland; Dr. Field; Mr. Dickson; Delta; W.; A Surgeon's Widow; Enquirer; J. C.; B.A., M.B.C.; Scab; T. H. M.; South Staffordshire Medical Society; The Director-General of the Medical Department of the Navy; Medicus; Hic et Ubique; A. D.; J. S. W.; Aleph; Justitia; F.R.C.S.; W. W.; L. A.; A Father; Xenos; T. W. W.; A Rusty Scalpel; A Poor Man's Doctor; A. D. O.; M.B.; Q. A.; Tyro; A Surgeon; &c. &c.

Birmingham Daily Post, Brighton Gazette, Scotsman, Walsall Free Press, Philadelphia Medical and Surgical Reporter, Hertfordshire Standard, Brighton Guardian, Newcastle Daily Chronicle, Scarborough Gazette, City Press, California Medical Gazette, Colchester Mercury, Surrey Comet, Western Gazette, Hackney Express, Gateshead Observer, Parochial Critic, Edinburgh Evening Courant, Yorkshire Gazette, Dublin General Advertiser, Northern Daily Express, Spiritualist, Lincoln Standard, North Londoner, and *Birmingham Daily Gazette* have been received.